THE RECOVERY KERNEL

Series yemararama ane hukama nemhando dzemishonga.

Zvinodini nezve kugadziriswa kubva pa-DXM:

* **Recovery Kernel:** [Inogona kuita basa]
* **Naloxone:** [Inogona kuita basa]
* **COMT:** [Inogona kuita basa]
* **DRD2:** [Inogona kuita basa]
* **MTHFR:** [Inogona kuita basa]
* **Blueprint:** [Inogona kuita basa]
* findahelpline.com

Kushandisa Bhuku reZvekubudirira (Recovery Kernel Framework).

DXM · Dextromethorphan · Robo · Robotripping · Triple C · Skittles · DM · Gel Caps · Delsym

⚠ CHIZVIMBO CHEKUDZIDZA KWEKUONA DZISO - ISIRI KUCHITOREI KWECHIRURAMA | Nguva yekutambudzika: fona 994 kana utumire meseji ku988.

DXM + SSRI kana MAOI = ngozi inogona kuita kuti mumwe afa, nekuda kwezviratidzo zvinokonzera syndrome ye-serotonin. Tarisa mishonga yaunobatanidzwa nayo.

ZVAKAZARA ZVINOKOROKEDZWA (seDayquil, Nyquil, Triple C) zvinogona kuve neacetaminophen kana antihistamines anokonzera kusadzikama kwechipfuva kana kushandiswa kwemwoyo kana zvichidikanwa kupfuura.

Vaya vanoita metabolism yakaderera kweCYP2D6 vanonyatsoona kuti DXM vakanaka, uye vanenge vakanganisika zvakanyanya kune ngozi yekurwara kwecholamvu cheserotonini.

Chinyorwa Chiri Pazera Rekutanga.

Chinyorwa zve "Recovery Kernel" chinotaura nezve DXM uchishandisa matatu mafomu akasiyana-siyana, ayo, apo achibatanidzwa pamwechete, anotsanangura nekuti nei zvinhu izvi zvinonyanya kuipa uye nekuti nei zvisiri kufungirirwa zvakaringana nemaitiro ekurapa.

Chekutanga, chidambudziko chekuti zvinhu zvinotengeswa nemari yakaderera zvinofungira kuti zviri njodzi: "zvakaitengeswa nemari yakaderera hazvifanire kureva kuti zviri zvakanaka kwese." Bhuku iri rinoratidza izvi muchikamu chemhando dzekushandiswa zvemuenzi (pharmacogenomics) dzepamuviri CYP2D6, uko mishonga inoshandiswa neenzvimbo iyi inovakira mhedzisiro yakasiyana zvachose kune vanhu vakaoma kushandisa mishonga versus vanhu vanoshandisa mishonga zvakananga. DXM ndiyo muenzaniso wakakura wechidambudziko ichi pakushandiswa kwemishonga yakaitengeswa nemari yakaderera: munhu ane utano hwekushandisa mishonga zvakaoma anogona kuva nechirwere cheserotonin kana achidya DXM pamitengo inokurudzirwa yekudzivirira kurova. Pamitengo yekuita zvitadzo, mhedzisiro yemishonga inosiyana zvachose nemiyo inozvishandiswa nevamwe vanhu vanoshandisa mishonga zvakananga.

Chendebvu rechipiri, nezve kushoma kwe-glutathione nekuda kwe-acetaminophen: bhuku iri rinotsanangura zvakajeka kuti acetaminophen ndiro rimwe remhando dzepamavanga dzinoderedza glutathione – antioxidant huru yechiropa. Zvigadzirwa zvinogona kunge zvine DXM zvakawanda zvinosanganisira acetaminophen. Kana uchidya acetaminophen pamitsetse isina kururama, inenge ichipa chiropa chako chinhu chinonyadza uye chinokuvadza. Munhu anoda kushandisa NyQuil kana DayQuil kuti azive manzwiro ekubvarura kweDXM, achiri kupiwa chiropa chake nemitsetse inogona kuita kuti ripenge.

Chitatu, sarudzo ye dissociation uye sarudzo ye NMDA: Sarudzo yekudzvisa zvinhu (dissociation) yaDXM inoshanda nekukuvadza receptor yeNMDA — iyo systemo imwechete inoita kuti ketamine ive nechokwadi chekushandiswa mune zvirwere uye ichishamisika kune vamwe. Maitiro aketamine ari mucompendium, kudzikisira network yedefault mode, maitiro ekudzikiswa kwe "ego", uye nyaya yekubatanidzwa zvose anogumisa pano — asi nekugadzirwa inowanikwa mumitambo (over-the-counter), inodhaka $8 pachero pharmacy, haidi mvumo, uye

isinganzwike zvachose kune system yehutano sechinangwa chekushandiswa zvisiri pamutemo.

Kushandiswa kweDXM ndiyo inyaya huru inonyanya kusvitswa zvakanyanya muenzaniso wezvinyorwa iyi. Vanhu vanoshandisa chinhu ichi vanenge vachiri vechidiki uye vakuru vepakati, vanotenga sirapu yekurapa yekuora mwoyo mangwanani pa2 AM. Chinhu ichocho chinofungidzirwa sechinonyanya kushandiswa nevanhu vane makore mashoma uye chisina kufanira kutarisirwa zvakanyanya nemitero yemishonga. Vanhu vanoshandisa chinhu ichi vanenge vachiri vakasvitsa, vanonyanya kunyara, uye vasina hukama hwekusimbiswa kwehutano hwavo. Bhuku iri rinovatambira zvine uchenjeri.

Verenga Rubhodhi 0 usati munyatsoita chinhu – ngozi dzinogona kuuya nekushandiswa kwezvinangwa zvakawanda zveDXM ndezvakatonhora uye zvinonyanya kukosha.

Section 0 - Kuchengetedzo Ekupfuura: Njodzi DzeChigadzirwa.

⚠ ZVAKANYANYA KUDZANISA NGOZI KWEKUYITSA DXM, HAZVISI PA-DXM YECHIMWE, ASI ZVEKUNOITA KWEMAMWE AKAFO.

0.1 — Kushandiswa Kwemichero: Zvinhu Zvimwe Zviripo Muchiguru.

THE CENTURION — Runyarwo Rwehutano Hwenyaya Dzinogona Kuvanikwa Nezvimwe Zvinhu – Mushonga Wakarurama Kubva Mubhuku.

DXM kazvirehwa zvishoma chete pachake. Zvigadzirwa zvekushandiswa nevanhu zvekurapa kushungurudzika uye kurwadza kwehutsinye, anodaro DXM, anowanzozvoita nemidziyo inogona kuva yakaipa kana yashandiswa mune zvinhu zvinodiwa kuti DXM ive nechokwadi. Tafuli iri pazasi ndiyo ruzivo rwepfungwa-duru rakakosha muchimiro chino - inoongorora kana chinhu chinenge chasvikidzwa chinonyanya kupa njodzi nekuda kweDXM, kana nekuda kwemamwe mairi.

Chinhu chinobatanidzwa pamwe chete.	**Kwanaka.**	**Ngozi dzinogona kuitika kana kushandiswa nemitsetse isina kunyorwa.**	**Kana kune ngozi, teerera mishonga usati wataura nemurapi.** *** Kana uine zvinangwa zvekurapa, bvunza murapi kana kuti denga remuromo nezve Recovery Kernel uye Naloxone.** *** Zvimwe zvirwere zvakadai seCOMT, DRD2, naMTHFR zvinogona kukonzera ngozi.** *** Kana uine mibvondo, teerera mishonga usati wataura nemurapi.** *** Ona Blueprint wekuti ungaderedza sei ngozi.** *** Ungagona kuwana rubatsiro pa findahelpline.com.** **[Mubvunzo: Ndinofanira here kuti**

			nditeererwe mishonga kana kune ngozi?] Mhinduro: Iyo mhinduro yacho inenge yakawanda, asi zvakakosha kuti uburuke kushandisa mishonga usati wataura nemurapi. **[Mubvunzo: Ndingaderedza sei ngozi?] Mhinduro: Ona Blueprint wekuti ungaderedza sei ngozi.** **[Mubvunzo: Ndinogona kuwana rubatsiro kuti?] Mhinduro: Ungagona kuwana rubatsiro pa findahelpline.com.**
Acetaminophen (APAP / Tylenol)	NyQuil, DayQuil, zvakawanda zvinwiwa zvemitsetse.	Kukuvadzika kwechipfuva (kusvikwa kwechipfuva) pamazano ari pamusoro pe4g zuva regumi mumamirwo, kana kuti mazano akaderera kumamirwo ayo anenge akanganiswa nechirwere chemupfuva. Zvinotanga zvisinganzwike - matambudziko anotangazve maawa 24-72 mushure ekubata.	Kana painenge yapinda acetaminophen pamuviri muchinzwa, torera NAC 600mg pakarega. Tsvaga rubatsiro kuchipatara kana dosage yakanga iri yakakura zvikuru. Sarudza kuongororwa kuti tive nechokwadi nezve enzymes dzekumusoro. Usamirira kusvika pazvawonaka zvimwe— kukuvadzika kwechipfuva kunogona kurapwa chete kana tikaenda kuchipatara pakarega.
Chlorpheniramine (inorivhi yekudzvisa zvinhu zvinokonzera kusanzwa).	Coricidin Cough & Cold (Triple C) — CHIGARO CHETE CHINOKONZESA DZIMWE ZVAKANGANISWA.	Kuparadza kwezviratidzo zvinopesa zvakawanda nekushandiswa kwemaitiro akaipa: kusavheneka, kuzviziva, kuwedzera kwekudonha	Daira 994 kana uchiona zviratidzo zvekushandiswa kwechlorpheniramine zvakanyanya. Kushandiswa kwakaipa kweiyi kemikari kunoda kurapwa muchipatara - physostigmine inogona kushandiswa mazuva

		mumwoyo, kushungurudzika kwehutsinye, kupisa kwakadaro, kufunga, kusanzwisisana kwemitambo yemwoyo. Vafananidzo vakawanda vakaenda nekuparara zvakanyanya nekuda kwechlorpheniramine yakawanikwa muTriple C.	akadzika. Iyi yaya ISINGAFANIRWE kupiwa kumba.
Guaifenesin (murivhukidza).	Robitussin DM, zvakawanda zvemafomu emichero.	Kunzwa kunyanya uye kutonhora zvinogona kuita kana kushandiswa kweiyi chinhu kwakawedzera. Haisi zvakananga kuti inokonzera kufa, asi kushandisa zvimwe zvinhu zvekudya nemitsetse yakaderera kunogara kuchipa mwoyo uye kunogona kukanganisa ngozi yekutonhora kana uchitonhora uye uchiuya.	Kana munhu akatambura uye achiramba, isa mumamiriro ekudzoka. Chenesa mvura. Mune zvikamu zvakawanda, iyi haisi dambudziko redoktari, asi inogumisa huwandu hweiyi mishonga yaunogona kupa pasina kunetsa kwepwere.
Pseudoephedrine kana phenylephrine (dziviriro yekurapa).	Sudafed PE DM, zvimwe zvirongwa zvekurapa uturu.	Kudonha kwezviratidzo zvine hutsinye: kuwanda kwemauto ekuropa, kumhara mwoyo nekukurumazana, kusimbiswa kwekumanikidzwa emoyo, uye kutapwa nemoyo. Kuenzana kwezviratidzo zveDXM zvinokonzera kushanduka kwe serotonin nehutsinye hwe decongestants hunowedzisa ngozi	Kurwadza mumutsvene, mwoyo ukanonetsa nekukurumidza, kana kurwadza kwakakura muchipfuva nemishonga yekubvisa kunyomwa uye DXM: zvaiwana 994. Kurongedzwa kwekusimbiswa kwekuderedza ngozi yemoyo.

		yemwoyo.	
DXM chete - zvigadzirwa zvinoshingaira.	Delsym (DXM polistirex yakaregeredzwa kwenguva refu), makapuroteni e-gel emhando dzakajairika e-DXM HBr, Robitussin 12-Hour.	Kunyadzo dzemishonga ye-DXM: ngozi yekukonzera serotonin syndrome (kunyanya neSSRIs), kuderera kwepfungwa nekushandiswa kwezvirongo zvekuderedza, kusangana nezvinhu zvepakati pezvakangoita. Hapana kushanda kwevamwe mashongano anogona kukonzera ngozi yepadombo kana mwoyo.	Kubva pamatambudziko ekuderedza ngozi, kana DXM ichishandiswa: zvigadzirwa zveDXM chete zvinoshinga kupfuura zvigadzirwa zvakazvimiririra. Asi iri nzira yekuderedza ngozi, kwete kutsigira.

⚠ CORICIDIN COUGH & COLD (TRIPLE C) ndiyo chinhu chinonyanya kumanikidzwa uye chinoshandiswa zvisina kunyarara. Iyo yakawanda yeCHLORPHENIRAMINE ndiyo inokonzera ngozi, kwete iyo DXM. Usashandise TRIPLE C nekuda kweDXM yayo.

0.2 — Sindoromu yeSerotonini: Kudyidzo Inokosha Dzekushandiswa Zvemiweduro.

⚠ DXM inobwitsa kuputsa kwe serotonin. Kana ikabatwa nechedokero chekushandisa serotonin, inoita syndrome yakaipa ye serotonin inogona kukonzera kufa. Iyi ndiyo nyaya huru yekutapwa zvakanyanya yaDXM uye inogona kudziviswa zvachose.

DXM inokanganisa kushandiswa kwe-serotonin - inoita kuti ishandiswe zvakanyanya, nokuda kwekuti inoona SERT, iyo transporter imwechete iyo SSRIs dzinoshandisa. Kana ikabatwa nemishonga inomweiyo inowedzerawo kuita kwe-serotonin, inoita kuti pane serotonin yakawanda zvikuru, uye izvo zvinonyadzisa:

- SSRIs (Prozac/fluoxetine, Zoloft/sertraline, Lexapro/escitalopram, Celexa/citalopram, Paxil/paroxetine): zveshatu zvose zvinobvisa SERT - kana zvichisanganiswa neDXM, kunonetsa kwe serotonin syndrome. Paroxetine pachayo inyanzvi yekubvisa CYP2D6, izvo zvinoreva kuti inobvisawo kuita kweDXM kuve dextrorphan, uye inoita kuti DXM ive nemazinga akawanda mumuviri uye kunonetsa kwe serotonergic.

- SNRIs (Effexor/venlafaxine, Cymbalta/duloxetine): kunyudza serotonin uye norepinephrine - kusanganiswa ne DXM kunogona kuwedzera ngozi ye serotonin syndrome.
- MAOIs (phenelzine, tranylcypromine, selegiline, dosage yakakwirira yeSt. John's Wort, Ayahuasca/harmaline): inyatsa kugadzirisa kwe-serotonin — kana ikabatwa neDXM = inogona kuita chirwere chinonetsa uye chinosanganisira kusangana kwe-serotonin. Kombinasi iyi yakauraya vanhu.
- Tramadol: chinhu chinonzi opioid, chinoshandiswawo kupadzisa kushanda kwezerinini – kana kwaitwa neDXM, kunogona kuwedzera ngozi yekurwara kwekusimbiswa kwezerinini.
- Linezolid (antibhayotiki ine zvikonzero zveMAOI): inowanikwa, asi haisiyo yakajairika, uye yakaratidzirwa kuva nemhedzisiro.

Zvinoreva zviratidzo zve serotonin syndrome: Kushungurudzika, kusavheneka, mwoyo inogara ichimhanya, hutapwa hwepamusoro, maso akawedzera, kufamba kwevamwe vakatete (kunyanya makumbo), utsinye, kutonhora kwemuviri, kurasikirwa nemvura. Iyi ndiyo nhonga yemidziro. Fona 994.

CYP2D6 uye chinhu chinowedzisa serotonin syndrome: Vanhu vane CYP2D6 vanenge vakaoma kuita metabolic processes anowanikwa kuti vari panjodzi yakakura yekutapwa ne-serotonin syndrome nekuti havakwanisi kushandura DXM kuenda kwe dextrorphan. DXM pachayo inowedzera, uye zvinhu zvinonzi SERT-inhibiting properties zveDXM ndizvo zvinonyanya kukosha. Kana iwe uchiziva kuti uri CYP2D6 poor metabolizer: Kushandisa DXM pamwe chete nemishonga inokonzera serotonin syndrome kunenge kuitika kwakanganisira zvakanyanya.

0.3 — Kuziva Zvakaitika Mune Mikova Inenge Yakakomba.

Ngozi.	Zviratidzo.	Response
Plateau yechina remakore / kusavanzika kwekunyanya.	Kusagadzikana kwepamusoro, kusagona kutaura zvinoreva, kushaya simba rekuzvimiririra, kusagadzikana zvakanyanya, kusaziva uko ari kana ani, kunonyna kuti anogumburwa kana akanganisa. Kusiyana ne"3rd plateau" nekuti munhu uyu haagonjerwe kana kukwikwiidzwa.	Iyi nhanho yekurapa inokanganisa. Fona 994. Tora murwere kubva munzvimbo dzinenge neango. Dzidzisa kuti agare akarurama uye uburitse izwi rake. Usamutore kana asiri pakukuvadza kwake pachake. Zivai vese vanoita basa kuti: 'DXM — dextromethorphan — dosage yakaderera.'
Kupisa kweimba yemuvara (kupisa kupfuura kwazvo).	Ganda rinopisa zvakanyanya, kusaita kufaera kwemwedzi kunyange nekupisa, kushungurudzika, mwoyo	111 zvinoita. Chengeta munhu aine tembiriro yakatononoka. Isa firisi panama, pazvishongo, uye pamusoro medu. Bata

	inogara ichimhamba nekukurumazana, kupfupa kwevamwe vakatapwa. Kudya kweDXM zvikuru kungaita kuti muviri upise zvakanyanya, dzimwe nguva pamwe chete nekuita mabasa kana kugara munzvimbo inopisa.	zvakanaka zvekupfeka. Kupisa kwakanyanya ndicho chikonzero chikuru chekufa kwevanhu vanoshandisa DXM mune mamwe akawanda.
Kuderera kwehutano hwemwoyo (pa "plateau" yechitatu kana pazvakawanda zvekudya).	Kufema kwakadzikira zvikuru kana kufema kwaramba zvachose. DXM inongova nechinhu chinonakidza kwezvinonyadza, asi chinhu ichi chinoshanda zvikuru chete kana kudhaya zvakanyanya — kufema kunogona kuchinja uye kuita kuti ufe.	Naloxone inogona kubatsira zvishoma (inogona kudzorera zvinhu kana kushandiswa kweDXM kwakakura zvikuru), asi haisi mhinduro yezvose. Dial 994. Kana uchidzidzisa, shandisai kufema kuti mumubudise. Ichengetedzai munhu ari mururirano wakachena.
Kukwira.	Inenge zvakawanda zvinobva pachlorpheniramine (Triple C) kupfuura pa-DXM chete, asi DXM pamitero yakaderera zvikuru inogona kudzikisa simba rekudzoka kwechitema.	994. Chengeta mumuviri munenge akanyaradza. Usamuurayire. Tongzero nguva yechisimba. Zivisa vese vanobatsira kuti ari kushandiswa zvinangwa zvii.

Sezheni 1 - Zvaidikanako neDXM kune Moyo wenyu.

THE CENTURION - Diyiwe rinodzikisa kurova, asi rine zvinangwa zvimwe. Rinobvisa kunzwa, rinoramba serotonin kuti ishanduke, rinonyudza receptor yeSigma, uye rinenge opioid.

DXM inzira inenge isingaone zvimwe zvinangwa zvemuviri. Inoshanda pazvinangwa nhatu zvakasiyana-siyana panguva imwechete, uye mukati wekugadzirisa kwechimwe chinhu chinoshandiswa unobatika nezvakawanda, kusanganisira huwandu hwemutsetse, chigadzirwa chakakosha, uye - kupfuura zvimweni zvinongwara mune iyi saridhi - mudziyo weCYP2D6 wemunhu. Kunzwisisisa kwerutsigiro urwu rwezvinangwa zvakawanda rinobatsira kuziva huwandu hwemaitiro akasiyana-siyana aDXM pamusoro pezvimiro zvitatu, uye nekuda kuti rekodhi rinofanirwa kutarisira zvinangwa zvakawanda panguva imwechete.

1.1 — Midzi Inonhatu.

System ye receptor.	DXM inonyanya kushandiswa semusoro wekuderedza utananho, asi inogonawo kuva nemitsetse inonakidza.	Kunyoresa.
NMDA glutamate receptors (yekutanga - kuburikidza nekudonha kwe *dextrorphan*).	DXM inoitaidzwa ne CYP2D6 kuva dextrorphan — iyo inova mvondo yakasimba yeNMDA receptor antagonist kupfuura DXM pachayo. Dextrorphan inofanana nemishonga inonzi ketamine mukubvisa NMDA, uye inoita kuti munhu asavhunduke, adzikise basa reDMN, uye aonekane kunge anonyatsopedza kufunga kwake pane zvinoreva "ego" pamazuva anotevera ekushandisa.	NMDA rebound pachipera: kuita kwehutsvotitsvo hweglutamate hunofanira kushungurudzwa, zvakafanana nezvaunoona pakubvisa ketamine, asi kazhinji zvinenge zvishoma. NAC ne magnesium ndizvo zvinonyanya kubatsira mukunyatidza glutamate. Mitemo ye ketamine iri mucompendium inoshandawo kune iyi nzvimbo yekudzorerwa kweDXM.
Sigma-1 receptor.	DXM pachake (asiri dextrorphan) inzvo inoshandisa sigma-1	Sigma-1 receptor agonism neDXM inogona kushungurudza zvimwe zvezvakaita sekuvapo kweDXM sechiremba

	receptor. Sigma-1 receptors inowanikwa mune simba rehutano uye inoita kuti zvinhu zvikonzerwe, kufunga, uye maitiro ekubatsirwa nemishonga inobvisa kunetseka. Kushandiswa kwe-sigma-1 kunogona kuita kuti munhu azive manzwiro akasiyana ari DXM, asi asiri ekuparadza zvachose kana wekushumisa mweya zvachose.	wekunyenganyisa pa dosage diki, isingakonzere kufara. Kunyanya, kusadzikama kwemamiriro ekufara kunozotevera kuregeredzwa kweDXM kungangonzi kuve nekuderera kwe sigma-1 stimulation. Vanhu vane CYP2D6 metabolism yakaderera, vanoongorora DXM kupfuura dextrorphan, vanonyatsoona zvakawanda zvekugadzirisa kwe sigma-1.
Kudzikanwa kwe-serotonin transporter (SERT).	DXM uye dextrorphan zvinobvisa serotonin, zvichidaro kunyatsopedzisa basa remamirwe akaita seSSRIs pazvakafanira, asi zvinonyanya kukosha pakushandiswa nezvinhu zvinokuvadza uye nekunetsa kwezvimwe zvinodhaka. SERT inobatsira kuti DXM ibatise zvinhu zvinoita kuti vanhu vave nemufaro pachinzvimbo chakaderera, asi inogonawo kuwedzera ngozi yekurwadza kwemamirwe akaita se serotonin kana ichishandiswa pamwe nevamirwi.	Sosiya ye serotonin inogona kuchinja zvakafanana nemugadziriro wekudzokera kweMDMA munzvimbo iyi. 5-HTP inobatsira pakuvaka kweseuronin, asi pane *CHIZITO* chekuti kushandisa 5-HTP munguva pfupi zuva rakapfuura kushandiswa kwechinhu (panguva yekudziviririrwa kweSERT) kunogona kuita kuti uve nechirwere chinonzi serotonin syndrome. Mira masikati 3–5 mushure mekushandisa DXM panguva yekutanga kushandisa 5-HTP.
Mu-opioid receptors (kunyadzisa zvishoma).	DXM ine simba kushandiswa kwezvirimwa zvemu-opioid, asi zvinoita kuti zvikwaniswe pakati pezvinhu zvinonyanya kuipa kana zvichidikanwa uye zvinogona kukonzera kusadzikama kwemwoyo nehutano hwekufema. Zvakadaro, inogonawo kushandiswa kuporesa mumamiriro ekukanganiswa anenge akanyanya.	Pazvinore, mu dosage dzinogona kushandiswa zvine hanya, chikamu cheopioid chiri shoma. Pazvimwe, pazvakaderedzwa zvekudonha kwehutano (1000mg+), chikamu cheopioid chinobatsira pakukonzera ngozi yekunetsa kufema. DLPA (in inhibitor yeenkephalinase) inobatsira system yeopioid yemuviri mukati kuti ibatise kupora, asi haisi chinhu chine hukuru mukupona kubva kuDXM sezvakaita kune zvinonzi "opioid-primary substances".

1.2 — Kupatsanuka kweCYP2D6: Zvinhu Zviviri Zvimwechete Munbottle Rimwe.

THE CENTURION - Chiratidzo Inonyanya Kuva Nemutsinzira Yakasiyana-siyana Mune Zvidooroboro ZveKuvadzisa.

Chidokumenti chemu compendium chinoratidza zvakajeka: 'Kana iwe wakambonzwa kuti mishonga yekurapa uchirwadza haishande kana kuti yakashanda zvakanyanya kupfuura zvaingofanira, kuongorora CYP2D6 kunonyengedzwa.' Nekuda kweDXM, chidaro chakajeka kupfuura nezvimwe zvinhu zvose zvemu bhuku iri. CYP2D6 haisi kungoedza mashoko ekushandiswa kweDXM – inogona kusimbisa mhando yemishonga yainenge ichishandiswa.

CYP2D6 phenotype.	**Kana iwe uchitora mishonga inonzi DXM, zvinogona kuitika zvinhu zvinotevera:** * **Kuneta.** * **Kunzwa kushushikiswa.** * **Kurwadza mumuviri.** * **Kuoma.** * **Kudedera.** * **Kufema nemhosho.** * **Kurova.** * **Kufa.** **Kana iwe uchinzwa chero izvo zvinotevera, ngaapindei:** * **Kurwadza mumwoyo.** * **Kuoma.** * **Kudedera.** * **Kufema nemhosho.** * **Kurova.** * **Kufa.** **Kana iwe uchinzwa chero izvo zvinotevera, ngaapindei:** * **Kurwadza mumwoyo.** * **Kuoma.** * **Kudedera.** * **Kufema nemhosho.** * **Kurova.** * **Kufa.** **Kana iwe uchinzwa chero izvo zvinotevera, ngaapindei:** * **Kurwadza mumwoyo.**	**Maitiro ekushandiswa uye zvinokanganisa zvakakosha pakurapa uye kukunda.**

	*** Kuoma.** *** Kudedera.** *** Kufema nemhosho.** *** Kurova.** *** Kufa.** **Kana iwe uchinzwa chero izvo zvinotevera, ngaapindei:** *** Kurwadza mumwoyo.** *** Kuoma.** *** Kudedera.** *** Kufema nemhosho.** *** Kurova.** *** Kufa.** **Kana iwe uchinzwa chero izvo zvinotevera, ngaap**	
Muzvinamato wevanhu vakawanda (anenge 75% veVakuchena, uye anowanikwa zvakanyanya mumagari eAsia).	DXM inogadzirwa zvakananga kuita dextrorphan. Paunoshandisa DXM zvikuru, dextrorphan (iyo chemhando yekudzivirira kweNMDA) inzvimbo huru yezvinhu zvinobatsira. Izvi zvinonzwisiswa sekuvhara—kusemesa kweNMDA kufanana neketamine, pamwe nekudzikiswa kweDMN uye kusangana nemamiriro ekusaziva. Zvakawanda zveSigma-1 uye SERT zviripo, asi NMDA ndiyo inonyatsoita basa.	Recovery inonyanya inobata zvinhu zvinobatanidzwa neNMDA (mhando yekubudirira yevakadzi vanoshandisa ketamine), uyewo inogadzirisawo serotonin. Kunyatsopedza matambudziko anozvinetesa kunze kwezvakajairika ndiyo nyota yebudiriro mukati mekuvhara iyi.
CYP2D6 ane vanoshanda zvakaenzana (vanhu veCaucasian vanenge vanenge 7-10%; vanhu veAsia vanenge vanenge 1-2%).	DXM haisina kushandiswa zvakanyanya kuita kuti ive dextrorphan. DXM pachayo inogara. DXM ine kuvharidzira kweSERT uye sigma-1 agonism kuri pakareba kupfuura iyo yairatidza paNMDA, apo dextrorphan iri. Kushanda kwacho hakusi kuzvimiririra zvakajeka, asi kunyanya kuita kuti munhu azive manzwiro anonakidzwa uye kushandiswa kwe sigma-1, uye inonyanya kuvharidza serotonin.	Vanhu vane kushandiswa kwakaenzana kwezvirongwa zvemuviri vanenge vachirarama nerwere rakakura rekunyanya kuva nechirwere cheserotonin nekuda kweDXM pamwechete nechero SSRI. Kukwidziridzwa kweiyo yambiro yeDXM yekudzivirira SERT kunge kuri pasi pezvinodiwa, zvino chirwere cheserotonin chinogona kuchitika pazvakaita sehuwandu husingaenzaniswi hwevanhu vanoshandiswa zvakaringana. Vanhu vane kushandiswa kwakaenzana kwezvirongwa zvemuviri haafanire kumbatana neDXM nechero chinhu chinobatsira serotonin. Shandisai zvidimbu zvekuyera uye ita mamwe maitiro ekutendeseka.

CYP2D6 ane metabolism inokurumidza zvikuru (pamusoro pe~1–2%).	DXM inoita zvakanyanya kuva dextrorphan - magadziriro epamwero anenge ari dextrorphan akazvishamisa nekukurumidza, uye angaita kuti zviratidzo zvekusanzwa zvive zvine simba uye zvizotanga nekukurumidza nemwedzi yakafanana.	Kana pasina zvakanyorwa zvakawanda nezve DXM pachinzira chekurapa, zvinogona kuitika kuti: Kushandiswa kwakanangwa kwezviratidzo zvekusanzwa (dissociative) kunobva mumhando yeNMDA kungava kazhinji uye kuchangopera nekukurumidzira. Uye: Zvinhu zvakawanda anozvishandisa zvinoderedza basa reenzyme CYP2D6 (sekuenda, fluoxetine, bupropion) zvinogona kukanganisa kuti vanhu vane mhando yekushanda yenzara iyi vashande sevanhu vasina kushanda zvachose. Izvi zvinogona kuchinja zvakanyanya maitiro ekushandiswa kweDXM uye ngozi dzinobata.
CYP2D6 inokanganiswa nemishonga imwechete.	Fluoxetine (Prozac) neparoxetine (Paxil) zvese ziri ma-SSRI uye zvine simba rekudzora CYP2D6. Kutora DXM uchiri kushandisa mishonga iyi kunogona kuchinja mumwe munhu anokwanisa kuzvishandira, kuita kuti muviri ushandise mishonga, kuva mumunhu ane hutano husingaite zvakanaka — DXM inowedzera, ngozi yekurwadza kwe serotonin inonyatsoyuka, uye SSRI inowedzerawo pakudzora SERT.	DXM + Prozac kana DXM + Paxil inzvimbo yekutarisira yekuita serotonin syndrome, zvakanyanya kana zvikaitwa nezvinhu zvinogona kuwanikwa nemari shoma. Kombinasi iyi yakaratidza matambudziko akakura. Zvakakosha kuti mumane nechiremba pamusoro pezvirwere zvenyuchi.

1.3 — Matunhu Mana Emana: Dhizaini yeKugadzirisa kweDhozi.

THE CENTURION - Mufambidzano yavakwa nemubatanidzwa wevanhu vanobatsira varwere, yakabvakwa kubva kuenzaniso.

Chifamireyi che' "plateau" chemamiririro yekushandiswa kweDXM hakanga kusvikitswa nematuro ekutsvakurudza emishonga, asi nevanhu vanoshanda mumubvunzo wekudzivirira kukuvara kunoitwa neDXM – zvakanyanya kuburikidza nebasa raWilliam White's DXM FAQ uye nedokumenti dzinoverengerwa nemu community. Iri chiratidzo chinoshanda zvikuru mukunyatsogadza maitiro ekushandiswa kweDXM. Nzvimbo iyi inoshandisa nzira yekutaura zvine unhu: kuziva kuti munhu aive pachiyero (plateau) chii chinobatsira kunyatsogadza masisitimu ayo anonyanya kukanganiswa pakudzorerwa kwake.

Plateau	Dosi inenge yakakodzera.	Mashandiro ekutanga.	Maitiro ekushandiswa emishonga.
Pini yekutanga.	100–200mg	Kushoma shomanje, kufara kwakadiki, kuwedzera kwekunakidzwa nevanhu, kushandiswa kweimba dzehama dzakadiki. Kuvapo kwekuti vanhu vakawanda vanonzwa kuti zvinoita sekuva vapfuura zvishoma nezvinoitira mvura kana marijuana.	Kunonyanya kushandiswa kwezvikamu zvinonzi sigma-1, uye kushanda zvishoma kweSER. Kushongedza kweNMDA kwakadaro hakuna kuvimba pazano iri. Iri ndiyo sarudzo yemarato anogona kuita kuti vafundi vepfungwa vadzidze nezve DXM.
Chikomo chechipiri.	200–400mg	Kushanduka zvakanyanya, kushanda kwemuviri kusina kunyarara, kuita kuti nguva ive semushepo, mimhanzi inonzwa zvakanaka zvikuru, kutanga kwezviratidzo zvekushanda-shanduka. Kushamiswa kwepfungwa kwakasimba.	Kukwanidza kwezvironda zvinonyanya kuvepo (muvanhu vanoshandisa CYP2D6 zvakajairika), zvichikonzera kuvharidzwa kweNMDA. Mhando dze serotonin inokanganiswa zvakanyanya. Iyi ndiyo huwandu hwekushandiswa kweinotarisirwa nezvinhu zvinonyadzisa zvevanoshandisa vakawanda.
Plateo rechitatu.	400–700mg	Kuita kusiyana kwakakura, kunzwa sekunge uri panze pemuviri, shanduko dzakanyanya muzivo remunhu, zvinogona kuoneka zvinhu, "M-hole" kana "K-hole" inenge yakafanana. Kushanda kwevabvu nekuridza hakwanisi kuita zvakanaka - kuparara kunenge ngozi chaiyo.	Kukanganisa zvakanyanya kwezvirimwa zveNMDA zvinogona kuita kuti zvinhu zviri mudenga (DMN) dzedzwe. Kushandiswa kweSigma-1 kunonyatsoonekwa. Kugadzirwa kwemishonga kunoratidza manzwiro ekufara uye ekusavapo zvakaparadzana—izvi zvinoratidza kuti mishonga iyi inoshanda pazvirimwa zvekushandisa akawanda mumuviri.
Plateo rechina.	700–1500mg+	Kukanganiswa zvakanyanya kubva pachokwadi chemazuva ano. Kunge muchikomba. Kushanduka kwehunhu hwemunhu. Kutaura kunogona kuoma zvikuru kana kuti kusaita zvachose. Kuzorora kwakadaro, kufa nekufamba. Njodzi yakakura zvikuru.	Kudzidziswa kwakakura kweNMDA; kushanda zvishoma kwezvirimwa zvekudonha kweopioid kunotanga kuita musimboti; ngozi yekupisa mumuviri inowedzera zvakanyanya; zvinogona kuonekwawo zviratidzo zvakadai nezvakaita nezvirimwa zveanticholinergic. Iyi ndiyo

			nharaunda yengozi.

1.4 — Zvaaiita DXM: Mibvunzo yeKutarisira kweChidambudziko muCompendium.

THE CENTURION — Murume wacho wakanyarara. Kunzwisisa kuti "murume" ndiye chinangwa chekudzokera kunyasha.

Profile yakanamirirwa nemhando dzakawanda dzeDXM inzwi kuti yaive kupa zvinhu zvinopesana kuvarimi vakasiyana pamazano akasiyana. Dhizaini yekudzorerwa inoshingaira pane basa rakaipa:

Chii chakapihwa neDXM?	**Kusiyi kudzidzisa zvinhu zvinotevera:** * **[list items]** * **[list items]**	**Chii chinoofanira kuitwa mukudzorerwa kwechipfeko?**
Kukanda kwekunyanya – kunyararwa kubva pachinzvimbo yepamweya yekufunga nezvei.	Depresi, kushushika, kutambura, ADHD – chero nguva umo mashoko akawanda anenge akamirira mumoyo wako uye anotungamira kuunhu husingaderere. Kushushikiswa kweDMN neDXM inogona kunge iriwo mutsara wekugadzirisa wakafanana nekuti ketamine inobatsira sei: kuvhara nguva pfupi dzekudzima zvinhu zvinoreva "ndini."	Ona chikamu che6 (kushandiswa kwemaitiro akanyanya kuchena) uye ona mufundo weketamine kuti utarise maitiro ekudzikisa kweDMN. Dhizaini yekudzokorora, kushanda zvakanaka, uye yekunyanzwa kunyoro inoshanda zvakadzika.
Kushungurudzwa kwezvinonyadza uye zvinosuruvara.	Kushandiswa kweDXM uye kushanda kwake seagonist wesigma-1 uye zvakaitika zvekuserotonin panguva yekutanga uye yechipiri "plateau" kunogona kuita kuti mupfungwa ive nakanaka uye munhu ange nyore. Kune vanhu vane depression, kutya kwevamwe, kana kufunga kuti vakazara, - izvi yaive runyaridzo chaiye kubva muzvinangwa zvaiva kuvadzvanya.	Kugadzirisa serotonin (5-HTP, inositol). Kubatana zvakare nemunhu. Kurapa depression uye kushungurudzika kuburikidzo nemaitiro akakodzera. Mwoyo yekusuwa yaDXM yaishongedzera inofanira kuitwa zvinobudirira.
Kuongorora zvinetso zve ADHD — kufunga kwakanyanya, asi kwezvidhori zvidiki.	Pamusoro pezvinangwa zvekuderedza, vamwe vanhu vane ADHD vanoshuma kuti DXM inogona kuita kuti vave nechinzvimbo chekufunga zviri	Kutarisa uye kurapa ADHD nemitsetse isina kushandiswa kwezvinonyadzisa (atomoxetine, guanfacine, viloxazine) kana kuti kushandiswa

	nani. Izvi zvinonzi zvinoitika nekuda kwekushandiswa kwenzira mbiri dzakasiyana-siyana (NMDA uye sigma-1) dzinoparadzira mitemo yemaererano emusoro, izvo zvinobatsira kufunga. Kushandiswa kweDXM seiyi nzira yekurapa iwe pachako kweADHD hakufaniri kuvhurwa zvakanyanya.	kwezvinonyadzisa pasi pevabatsiri vekudya kwehutano. Kuita kuti zvinhu zviende zvakanaka neADHD kunobvisa chikonzero chikuru chekushandisa DXM.
Kufunga nezvekuziva—kusvika kuzvimiro zvisiri zvazvo.	Profile yakanakidzirwa neDXM unoratidza zvinangwa zvinhu zvaanetsa kukwanisa kuzviongorora—haisi chete zvinangwa zvekusunungurwa (seketamine) uye haisi chete zvinangwa zvekushandiswa kwezvemweya (selSD), asi chinhu chinenge chiri pakati. Vamwe vashandisi vanoshandisa DXM sechishandiso chekufunda nezvekunzwisisa pfungwa, kunyanya nekuti inogona kuwanikwa nyore.	Section 6, ine zvakakosha zvekubatanidzwa kwezvirongwa - meditation, NSDR, holotropic breathwork, uye contemplative practice - inopa nzira dzinofara, dusinga chemishonga, yekufamba kuenda kumhenderekedzo yepamweya yaDXM yainge ichiedza. Dhizaini yeghaidhi reLSD, inoburitsa maitiro ekudzikisa kweDMN uye kusununguka kwemupenyu kuburikidza nekudzidzira, inoshandawo pano.
Kururama kwepfuma, nyore, uye kusagona kuonekwa.	Kugona kweDXM kunogona kutengwa nemari shoma kunoreva kuti vanhu vane zvakawanda zvinodaro: vanhu vasingakwanisi kubhadhara, vasina chengetedzo pakutenga, kana kuti vasina kugona kuzvidzivirira achishandisa mamwe mhando ezvinhu. Izvi zvinonyanya kuita kune vechidiki, vanhu vari mumamiriro anovanzwa (sakaushe dzinoda kutsvaga zvemuchepa), uye vanhu vasina mari yakawanda.	Iyi basa rinoda mhinduro inobata matambudziko akaita sekusvika zvinhu, mamiriro anonyadzisa, kana kuti kushoma kwemabasa ayo anogona kubatsira. Hazvisi zvekushandiswa kwezvimwe zvinhu – asi kuchengetedza uye kutsigirwa nemagwaro.

1. 5 — Nhakazvimbadziva yeInternet uye Ruzivo Rwakabva Pazvo.

THE CENTURION - Mupfungwa wevanhu vane zvido zvekubatsira vanhu, uyo ane zvakanyorwa zvizhinji nezvezvinhu zvinogona kushandiswa pasina mvumo kubva kumusika.

Kushandiswa kweDXM kunenge imwe yemabasa akakura ekubatsira vanhu online pane zvimweni zvinoshandiswa — iyo FAQ yeDXM yakanyorwa naWilliam White

(yakanyorwa nemakore emapfumi uye ichiri kushandiswa), iyo "vault" yeDXM paErowid, huru hwevanhu vanoshandisa DXM paReddit uye maminhanzi akasiyana. Iri huru rakagadzira "plateau framework", raive nechokwadi nezve ngozi ye "serotonin syndrome" makore apfuura vamwe varapi vakazviziva, uye yakaburitsa ruzivo rwepamwari rwehutano irimo yekutarisirwa nekaremera zvakawanda nekuti DXM haisikanga fambiswa se "nhema inonyanya kusununguka".

Chinyorwa chino inzwisisa ruzivo rwacho uye rinowedzera nezve iyo Recovery Kernel framework, ichishandisa runyanzvi rwebiolojia uye zvakanyanya zvekugadzirwa kweDNA. Nhamba dzevanhu dzvaiva nepfungwano nezve CYP2D6 panguva yekare, kusvika kune vamwe vasheshiri. Iyo framework yekupona inowedzera: zvinonetsa zvinoitika kana ukatanga kuita, maitiro ekubatsira masisitimu ayo DXM akakanganisa, uye nzira dzekuvandudza kuwana zvinhu izvo DXM yaiva ichipa, asi pasina kushandiswa kwezvimwe zvinokuvadza mudumbu.

Sezheni 2 - Dhizaini Yemajiniro Ako.

DXM inzvimbo yekutsvakurudza iyo ine mafomu akawanda anozvibatsira, kupinda mumamiriro ezvinhu ayo anotaurwa muchinyorwa chino. CYP2D6 ndiyo chinhu chinonyanya kukosha - inounzawo kuti unyoro upi unoshanda zvakanyanya uye unobva kuenda kuchizoro, saka zvinoreva kuti masisitimu api anozvishandisa anova nemhedzisiro yakakura. Dhiraivhiri yekudzoka kunoramba zvakanaka inoda kuziva kuti mhando ipi yaunenge wayo.

Bhunu rekurayira kuongorora DNA rekudzorerwa kweDXM.

Jeni.	Zvinogadzirisa zvinoti:	Zvinhu zvikuru.	DXM yekudzorerwa inonyanya kufanira.
CYP2D6	Kusimbiswa kweDXM - kushandura DXM kuita dextrorphan (inokonzera zvakanyanya seiyo NMDA antagonist).	*4/*4: munhu ane kugadzirwa kwakaipa kwezviraya zvemuviri (7–10% vevanhu veCaucasian); *1/*1: zvakajairika; ultra-rapid variants.	Gene inonyanya yakakosha yeDXM – zvakare kupfuura yemamwe mamweduro ari muenzaniso iyi. Bhuku iri rinoratidza zvinokosha nezve basa reCYP2D6 pakunyarara kwezvimeduri zvekunyoresa. Kune DXM: vanhu vakaoma kuita metabolism yacho vanonzwa DXM pachayo (sigma-1, SERT inhibition) semutauro mukuru panze pe dextrorphan (NMDA). Njodzi yavo yekurwadza kwe serotonin inokwira zvikuru nekuti DXM inogara mumuviri pasina kushandiswa. Zvimeduri zvinoita kuti CYP2D6 ishandise zvakaoma (paroxetine, fluoxetine, bupropion) zvinotungamirira kuti vanhu vavanoshanda zvakanaka metabolism yavo kuva vanoita metabolism yakaderera. Ita uyu bvunzo usati watanga kushandisa chero imwe yemweduri inoshandiswa neCYP2D6.
SLC6A4 / 5-HTTLPR	Kusimbiswa kwezvinhu zvekushandisa serotonin uye kunyatsoronded zwa.	Alleli pfupi/pfupi (inokonzera kudzikira kwekuita kweSERT).	Vaunoswa vane genotype "short/short" yejiini iri SLC6A4 vanova nemazinga akaderera e-SERT. Kushungurudzwa kwe-SERT neDXM kunounza mhedzisiro yakakura yekushanduka kwemutauro, zvichireva kuti: * Mhedzisiro yakanakira (kunyenganyenga, kufara) inogona kuve yakakura.

			* Ngwaro dzekurwiswa nemutauro we-serotoninwo dzinogona kuwedzera. Vaunoswa vane genotype "short/short" yejiini iri SLC6A4 uye vanenge vasina kugona kweiyo enzyme CYP2D6 vanenge vana ngwaro huru zvikuru yekurwiswa nemutauro we-serotonin kana vachitora DXM pamwe nemishonga inokonzera kushanduka kwemutauro.
HTR2A	5-HT2A serotonin receptor — inokonzera kuita kuti zvinhu zvinofanirwa kunge zvichikanganisa mwoyo uye pfungwa dziine zvimwe zvinenge zvakafanana nezvekushandiswa kwezvimiro zvemafara, zvinoitwa neDXM.	Mhando dzakasiyana dzinogona kukanganisa kunyatsorwa kwezviratidzo.	DXM inova kushandiswa kwezvinangwa zvakasiyana, senge: * Kushanda sevasvibiritsi (antihistamine) * Kuoma kudzivirira kurutidzika (antitussive) * Kurapa kwemishonga (medication) Zvakakosha kuziva kuti kushandiswa kweDXM kunogona kuuya nemhedzisiro: * Kushanda sevasvibiritsi (antihistamine) * Kuoma kudzivirira kurutidzika (antitussive) * Kurapa kwemishonga (medication) Zvakakosha kuziva kuti kushandiswa kweDXM kunogona kuuya nemhedzisiro: * Kushanda sevasvibiritsi (antihistamine) * Kuoma kudzivirira kurutidzika (antitussive) * Kurapa kwemishonga (medication) Zvakakosha kuziva kuti kushandiswa kweDXM kunogona kuuya nemhedzisiro: * Kushanda sevasvibiritsi (antihistamine) * Kuoma kudzivirira kurutidzika (antitussive) * Kurapa kwemishonga (medication) Zvakakosha kuziva kuti kushandiswa kweDXM kunogona kuuya nemhedzisiro:

			* Kushanda sevasvibiritsi (antihistamine) * Kuoma kudzivirira kurutidzika (antitussive) * Kurapa kwemishonga (medication) Zvakakosha kuziva kuti kushandiswa kweDXM kunogona kuuya nemhedzisiro:
COMT	Kudzorora dopamine uye kemikaro yekushungurudzika.	Val158Met (rs4680)	COMT yeine Met/Met (inenge yakaderera, kuchenesa zvakaderera) inonyanya kuita kuzvipira kwevanhu vanoshandisa DXM kuti vasvike pachinzvimbo yekubuda kubva kunzara. Muviri we"Sage" unoshanda nehutano hwakanaka, asi anenge ane hutonhodzi hwekemikari dzinokonzera stress, anodzima nezvakaita se sigma-1 uye NMDA zve DXM, zvinhu zvisingabatsire kuchengetedza nzara. Kuti "Sage" vane COMT: kudzora nzara ndicho chinhu chinonyanya kufungira mukurapwa, pamwe nekunyadzisa kweNMDA.
MTHFR	Methylation - kuumbwa kwe neurotransmitters mune zvesarudzo zvese.	C677T (rs1801133), A1298C (rs1801131)	MTHFR variants inokonzera kushoma kwehunyanzvi hwekuita zvinhu zvekufungidzira uye zvekusimbisa mwoyo, izvo zvinobata kusadzikama uye kutya kwainyatsobatwa naro kushandiswa kweDXM. Kuwedzeredza 5-MTHF kunobatsira kuporesa kushoma uku uye kazhinji kunounza zvakakosha mukubudirira mumatambudziko emamiriro ekufungidzira ainge akanganisika neDXM. Izvi zvinonyanya kukosha kune vanhu vaimhanye kushandisa DXM nekuda kwekutambura kwemwoyo.
DRD4 / DAT1 (inogona kuve nechibvuma neADHD).	Signali yekudonha – kushuva zvitsva uye kutonga chitarisano.	DRD4 7-repeat (rs1800955); DAT1 10-repeat (rs28363170)	Zvinhu zviri pachena kuti zvinobata kusangana neADHD, senge DRD4 ye7-repeat uye DAT1 ye10-repeat, zvinonyanya kukosha pakudzorerwa kubva kuDXM nekuti huwandu hwakakura hwevanhu vanoshandisa DXM vane matambudziko anowanikwa kuti vasina kuitirwa utano kana kuti vachirarama neADHD. Kushandiswa kweDXM kunogona kukonzera zvimwe zvinonakidza, asi zvinogonawo kuita

			kuti matambudziko eADHD adaro. Kuona uye kutarisira matambudziko eADHD anowanikwa kunobvisa chikonzero chikuru chekushandisa izvi.

Kuziva zviratidzo pasina kuita bvunzo.

- Kana iDXM yakaita kuti mazuva akawanda ave nemhedzisiro makuru kupfuura ayo avakanga vachiona vamwe vanoshandisa huwandu hwemweduri hunofanana? → Zvinogona kuve nekuda kwe: CYP2D6 isingabatsiri - iDXM inopinda mumuviri uye haichengetwi zvakanaka. Kana kuti: Dhimethi remishonga (SSRI) rinoderedza basa reCYP2D6, saka unenge uine simba seumwe anenge asingaite zvakanaka CYP2D6.
- Kana DXM ichipa kunyanya kuzvishandisa kuita kuti munhu azwisise zvinhu, uye kupa mufaro pane kumutsa? → Izvi zvinoratidza kuti Sigma-1 neSERT ndizvo zvinonyatsobatirwa kupfuura NMDA - izvozvo zvinogona kuchinja nzira yekushandiswa kweDXM mumuviri (DXM pachayo inonyanya kushanda kupfuura dextrorphan).
- Kwakaitika here kuti uine zvinhu zvinofanana nechirwere cheserotonin nekuda kweDXM? → Iwe uri munhu ane CYP2D6 yakaderera, uye une SLC6A4 dzinenge dzakafupi, pamusoro pezvo, unogona kutorawo mishonga inonyangadza serotonin.
- Kwakanga here kuita kuti uone zviri nani kana kuti kudzikisa zviratidzo zvekuti ungoine ADHD apo waishandisa DXM pamitsetse yakaderera (yekutanga)? → DRD4 ye7-repeat + DAT1 ye10-repeat, iyo profile yacho inonzi ADHD. Kuongororwa kweADHD ndicho chinhu chinonyanya kufungira kuti chifanirwa kuitwa pakudzoka zvazviri.
- Kwakanga here kuona zvinhu zvisingawanzo kana kuziva zvinhu zvakaita seHPPD mushure kwekushandisa DXM kazhinji? → HTR2A inodaro inogona kukonzera. Ibhuku re4.4 rinotaura nezvekuti teererai HPPD yakakonzerwa neDXM.

Section 3 - Dhizvino Zvekudzorerwa: Zvaanoda Kuitwa Kuchengeta Kubva paDXM.

THE CENTURION — Sefana zvakafanana neKetamine, uye seLSD — asi inowanikwa mumitambo yese. Dambudziko rekusezva.

DXM haisi iyo inenge ichikonzera kushanduka kweiyi mvumo uye kupera kwemishonga yakaita seinomwe. Haikonzeri dambudziko rekutapwa zvakanyanya kunyange apo munhu astopa kushandisa mishonga yakaita seopioids. Zvaingakonzerwa neDXM zvinenge zvakafanana nezvakaitika kwamunenge mushandisi ari kuita Recovery Kernel, asi zvinogona kusanganisira: NMDA rebound, kusava kwenzvimbo dzinoreva serotonin, ngozi yekuitwa kwezviito zveHPPD, uye kushandiswa kwehunhu hwekunetseka nekuda kwekushanda kweiyi mvumo kana kuziva zvinhu zvinosiyana.

Mhosva chaiyenzanisira iyo yekudzorerwa kweDXM iyo yaisagona kuwanikwa mumamiriro ezvinhu akawanda mune zvimwe zvitongero zvebuku iri: chinhu ichi chinogona kutengwa pasina mvumo, chinoshanda mari shoma, uye chinogona kutengwa munharau dzinofananidzira dzese pasina kuongorora hutano hwevakatengisi mumatirongo akawanda. Kusunungura zvinhu zvinokonzera kushandiswa kweiyi chinhu - kusiya kuti ishandiswe - kunoda maitiro akafanana, asingafanani nekuvhara zvinhu zvinoshandiswa zvekurapa zvisiri pamutemo. Kuwanikwa kwacho kuri nyore zvikuru, saka kuadzorerwa kunofanira kuvhurwa mumwoyo uye kusava nemamiriro ezvinhu ekunze.

3.1 — Zvinoita Here kuti Kudzorwa kweDXM Kusienderane Neimwe Nzira?

Challenge	Ndiri kurei kuti ndikubatsire, asi handina ruzivo rwokuti nei zvaunoda kuti ndiite zvakakosha kuDXM. Ndine hutano hwangu uye ndinogona kubatsira nemimwe miriyo.	Mhinduro yekudzoka.
Zvekutengwa nemari diki.	Chisarudzo yekushandisa inogona kuitwa maminiti gumi nemadhora masere chero kupharmacy, gas station, kana store remitambo. Nekuda kwezvinhu zviri kunze, kuita kuti uderere kunenge kwakaoma zvikuru - nguva yega yaunenge uchifamba inogona kukubata nechizvo chaunoda. Izvi zvakasiyana zvachose nemarobhoti anonyorwa, uko	Mugadziriro yekudzorerera mukati inonyanya kukosha: zvinhu zvinowedzerwa zvekurapa zvinoderedza kufunga kwezvemukadzi, nzira yakanaka yekubvisa kunyenganyenga iyo inoderedza kusavhenekana, uye kuziva kuti unonzwa kuda chii usati wakatenga. Vamwe vanhu vanokumbira vashandi vemadhiramu kuti vakandisire

	kutsvaga zvinodiwa kunoda vanhu vakakosha uye basa rakawanda.	akaundi yavo - izvi zvinogoneka kumadhiramu akawanda.
Kusavanzwa kwechiporofadza.	DXM haisiridzwa sechiratidzo chekushandiswa kwezvinodhaka zvine ngozi munodyamidzo dzakawanda dzechinangwa. Vanoita basa vehutano vakawanda havazive nezvekushandiswa kusingaderere kweDXM kunze kwemamiriro ekudenga kwevashiri. Munhu anotaura kuti anoshandisa DXM angangodzvigirwa, kudzikisirwa zvinhu, kana kupihwa mhinduro yekuti "ndezvekunyora doro chete," izvo zvinokanganisa matambudziko ake uye matambudziko akaremara anogumbura.	Protocol 13 (Hurukuro HweVakadzi Vechedokero) inoda mashoko akakosha paDXM: 'Ndiri kushandisa dextromethorphan zvakaipa uye nemitsetse inoita kuti ndive nechido chekuzvipira, uye ndiri kuona zviratidzo zveNMDA rebound, kusava kwenziso yekarebhini serotonin, uye kusava kwezvaunonzwa zvinoenderera.' Kushandiswa kwemashoko akakosha kunoita kuti zvive zvakaoma kudzvisa.
Adolescent context	Kushandiswa zvisina kunaka kweDXM kazhinji inonyanya kuita kune vekudiki uye vanhu vakuru vechidiki. Kuitwa zvakanaka kwevaya vanenge vapedza kushandisa izvi kungangodaro kuti kusanganisira mhuri, nzvimbo dzekusunga, uye zvikonzerero zvepakukura, zvinhu zvisingawanzoitwe mune mamiriro ekubudirira ekushanda kwevanhu vakuru. Iri munhu angave asingaonekwi kuti ari nezvinetso nekushandisa izvi nevanhu vakuru vanenge vachimumusunga, kunyanya nekuti "zvakangoita sedoro rekuderedza."	Kusimbiswa kwevanhu vemuhuri kana zvichidikanwa uye kana kuchengetedzwa kwakanganisika. Mushoni wekushandira mumusha kana mutsigiri wevazukuru ane ruzivo nezve DXM. Zvakakosha zvekukura kwevasina kusimba (kusimudzira utano, hukama nemamwe, kufamba zvakanaka muzvidzidzo) ndizvo zvinodiwa kuti zvibudirire pamusimbiswa, pamwe nekuvhara zvinhu zvemuropa.
Kukova kwehutsvu hwezvinhu.	Haisi kuti yese zvikanganiso zveDXM zvinoitawo nezvinhu zvinofanana. Munhu ane ari kushandisa makapuroteni emhando ye-DXM anogona kuva nemaitiro akasiyana ekubudirira kupfuura munhu ane anodhinyira NyQuil kuti vasvibise DXM (kune acetaminophen), kana kuti anoshandisa Triple C (kunonakidza	Kuyero yevakadzi dzezvekurapa inofanira kuenderana nechinhu chakanyorwa. Dzidziso dzemuviri (AST, ALT) dzinofanira kuitwa kwamunhu wese ane acetaminophen yakawanda mumuviri. Kuyero yezvitambi zvepanguva imwechete inofanira kuitwa kwamunhu wose ane decongestant mumuviri.

	kwechlorpheniramine).	

3.2 — Mhepo Yekubva uye Mashandiro Anozotevera.

Mudzidziso wekushandisa.	Bhayoloji.	Ruzivo.	Chii chaunofanira kuita?
Maawa 0-24 (mushure mune imwechete).	NMDA receptors yakanyanya kusiyana (sekuvapo pakudzorerwa kweketamine); kudonha kweglutamate; kushanduka kwemutsetse we serotonin nekukanganiswa kweSERT; kuenzwika kwekushanduka kwerceptor ye sigma-1.	Kushungurudzwa, kufamba kwekunyanya kwemagadziriro emoyo, kunonzwisisika zvakanyanya kune zvinonzwa, zviratidzo zvekuona zvingangoitika (seHPPD), kushanduka-shanduka kwemamiriro ekunyarara, kuine urombo rekuda chinhu. Kusagona kutarisira zvekurota.	NAC uye maginezii pakarepo - kusimbisa homeostasis ye-glutamate uye kuendesa basa remhando yeNMDA. Usabvire kana zvimwe zvinonyadzisa. Sarudzo yakaderera yekunyengwa nemamiriro ezvinhu. Roorera. Mutsetse wekufema we4-7-8.
Mazuva 1-7.	Kureva kuti: * Kunzwisiswa kwechimeducheto cheNMDA kuchinja kuita zvakanaka. * Mugadziri we serotonin uchirapa. * Huwandu hwechimeducheto chesigma-1 richidikanidzwa. * Kudzoka kwemari yendopamine kunotanga.	Depresi (inenge yakakomba zvakanyanya - kunyatsopedzwa kwekunonoka kweDXM, asi mwoyo wemamiriro ezvinhu hauna kuzadzika), kutya, kushungurudzika kwepfungwa, zvinogona kuve nezviratidzo zvekuona zvinoramba zvichipfuura, kusagona kuroora, kunetseka.	Maitiro ekubatsira ekuwedzera (Sejecha 4). 5-HTP inoshandiswa panguva yekupfuura masikati 3–5 (kwete pakarega — ita kuti SERT idzorwe kwakakwana usati watanga kushandisa zvinhu zvinobatsira serotonin). Kufamba kwevazvarwa kunotangira. Kunyanya, kurwadziwa kwekunetseka ndiyo inenge ichikonzera kudzoka kwemamirwo munguva iyi.
Zvichevo zve2 kusvika 8.	Midzo yose zvichidzikira; kana HPPD iripo, ichidikanidzika kana kuti ichitarisirwa; zvikonzerwo	Kuderera zvinhu, asi inogona kuva nemasodzi akakura kana ikaitwa uye isina kurapwa; zviratidzo zveHPPD	Kutanga kurapa zvikomba zviri kuiswa (ADHD, kunyanya kufara, kushungurudzika). Kurongedza HPPD kana ikashanduka. Dhizaini

	zvepakati (ADHD, kurwadziwa mwoyo, kushungurudzika) ainge akaderedzwa neDXM zvakazotanga kuzaratidzwa pasina chinhu chinovadzivirira.	kana zvichipfuura; kufa nekuda kwezvimwe zvinodhaka kana uchiona chitoro chemishonga kana kunge wakanganidzwa.	yemusimboti wechiedza cheSection 6. Nhau dzevanhu - kusanzwa kwevamwe kwakaita kuti vanhu vashandise DXM kazhinji kunoda kufanirwa nehutano hwakanaka.
Mwedzi 1-6	Kudzorerwa simba zvakanyanya zveNMDA; masisitimu ezerotoni neema sigma-1 akagadziridzwa; zvikonzeresa zvinokonzera matambudziko zviri kugadziriswa; HPPD yakaramba ichikonzerwa kumwechete kune vashandisi vakawanda.	Kudzoka kwenani; kunzwa zvakanaka uye kuvandudza kufunga; matambudziko aDXM ainge akonzwa, aizotanga kuwanikwa kuburikidzo yekufamba, kurova muviri, uye kutarisira. Njodzi yekudzokera kumamiriro ekare inenge yakaderera panguva dzinenge dzisina zvipingamupinyi (kusvika kuchitoro chemagomba, kunzwa kushunguruka).	Basa remwedzi: kunanga mhosva yakareba, kusimbisa kufara, kushandira zvinetso zveADHD, kana kushanda nezvidambudziko zvekutya, izvo zvava pacenter pemugaro wekuchokwadi. DXM yaiva musiyano webasa rakakura - basa iri richiri kunetsa uye rinofanirwa kugadziriswa nemamiriro akasununguka.

Sezheni rechina - Kugadzirisa Mabviro.

Kuurirwa kweDXM kunoda kugadziriswa kwemhando itatu: iyo NMDA glutamate, iyo serotonin, uye zvimwe, kana acetaminophen yasvikiswa mumuviri (inoshanda nekukurumidza kana yakakura). Iyo methylation inogara ichiita kuti zvese zviri pamusoro zvigone.

4.1 — Bhuku reNyenganyiso.

Supplement	Dosi.	Nguva.	DXM-yakakosheswa.
5-MTHF (L-methylfolate)	400–1000 mcg zuva rega rega.	Mangwanani nemakumbo.	Kuenderana nekugadzirwa kwe serotonin - zvakakosha kune chikomba cheSERT chaDXM. Kune vanhu vane MTHFR variant uye vakanga vachida kushandisa DXM nokuda kwemamiriro ekunyarara, 5-MTHF inogona kukonzera kupona kwakanaka munguva pfupi mumamiriro okunyarara - ichitarisira kusagadzikana kwe methylation uko maererano nemamiriro ezvinhu, sigma-1 uye SERT aDXM ainge achiratidza.
Methylcobalamin (B12)	1000–2000 mcg pasi pamuromo.	Mangwanani.	B12 inonyanya, inobatsira mukugadzirisa zvinhu mumuviri. Kushandiswa kweDXM kazhinji, kunyanya nezvigadzirwa zvinosanganisana, kunowanzoitika nekuderera kwenzvimbo dzechidya panguva yekushandiswa. Kuwedzeredza B12 ndiyo nzira yakanakisa yekutanga.
P5P (B6 inonyanya).	25–50mg	Mangwanani.	Kofakita yekubika serotonin, dopamine, uye GABA. Kushandiswa kwenzira dzakawanda panguva imwe chete, kusanganisira kushoma kwe-serotonin (kusundwa kwe-SERT neDXM) uye kushoma kweglutamate (kusundwa kwe-NMDA), kunounza kudikanamo zvakakura kune zvinangwa zveenzvimbo dzechikemiko dzinoshandiswa neP5P munguva

			yekuchokwadi.
Magnesium glycinate.	400–600mg yechiitimu.	Mangwanani nemangwanja.	In modulatori yechaneli yeNMDA inomera muviri. Sezvakaita mukudzorerwa kweketamine: magnesium inobudira kuchema chaneli yeNMDA, zvinoita kuti glutamate idzorwe pasi pasina kukonzera kusavhenekana. Iyi ndeyo suplementi yakakosha yekunyorera kwechaneli yeNMDA mukudzorerwa kweDXM. Tanga musi we1.

4.2 — KUKURUDA: Bvunzo Yekubatsira Chironda Nekuda kweKushandiswa Kwemari Rinobva Paracetamol.

⚠ KANA WASARA KWAKASHANDISA ZVIGARO ZVE-DXM ZVINOGONA KUVA NE-ACETAMINOPHEN (NYQUIL, DAYQUIL, MISHUMU YEMISHUMU): NAC INODZIDZA KUTORWA PAKADZI, HAAISI CHINJIRU CHINGANGODZIDZIRA. KURORA KWEMUCHIMWE KWE-ACETAMINOPHEN KUNONZI KUSINA ZVINHU ZVAKAZARA MAMINITI 24-72, UYE APOSIYA KUITA MACHIVI ANOGONA KUDZORWA.

Chinyorwa ichi chinoshandiswa kuti acetaminophen inenge imwe yemhando dzepamhedzo dzinoderedza glutathione. NAC (N-Acetyl Cysteine) inopa cysteine inodiwa kuita kuti glutathione iumbike - iyi ndiyo nzira huru yekudzivirira yemarari pakukuvadza kwehutano hwekudonha kunobva paacetaminophen.

- NAC 600–1200mg inorally, uchishandiswe pakareba, kana zvakaita kuti chigadzirwa chinosanganisa acetaminophen chakashandiswa kwazvo mumazuva makumi maviri nenhatu apfuura. Izvi ndiyo nzira imwechete neiyo NAC yainyorerwa nemutsvino muchipatara mukati mekunyengera kweacetaminophen — kuwedzera nemuromo kunobudirira kune zvakaderera zvekushandiswa.
- Kana muchiita overdosage yeacetaminophen (anopfuura 4g mumazuva makumi maviri naimwe, kana zvishoma kune vanhu vane utano hwemwoyo wechipfuva), ndokumbira mufambe kuchipatara. NAC inobatsira zvikuru kana ikaitwa nemutsvairo kupfuura kana yakuitwa nemuromo panguva yekudzoserwa kwehutano, kunyanya pakati peoverdosage rakakura. Musamirire kuti zviratenge.
- Kutarisa basa remuchemberezvuru (AST, ALT, bilirubin): Kana painenge pazvo rekushandiswa kwakakura kweacetaminophen kare, zvinhu zvinonzi "enzymes" zvemuchemberezvuru zvinofanira kutariswa kuti tizive mamiriro ekupfuura emuchemberezvuru.

- Kutsigira hutano hwechipfuva: milk thistle (silymarin 200–400mg zuva rega rega), alpha-lipoic acid (300mg zuva rega rega), NAC (600mg mangwanani nemusiye) kwemwedzi 4-8 apo acetaminophen yakanga iri pachena.

4.3 — Kusimbisa Nhava Dzekushanda ZveSystem yeNMDA.

Ketamine inodikanwa nemamiriro ekushandiswa kweDXM.

[Zvakakosha]

* Kana uchida kushandisa ketamine kuti ubatsirwe kubva kumamiriro ekushandiswa kweDXM, zvinokosha kuti uone chiremba.
* Ketamine inogona kuitawo zvimwe zviratidzo, saka zvakakosha kuziva zvese zvezvakaita uye zvekusavapo kwazvo usati watanga kushandisa.
* Usashandise ketamine kana uine utano hwepwere kana kuti wakapinda mumamiriro ekushandiswa kwezvimwe zvinodhaka.

[Maitiro Ekubatsirwa]

Ketamine inogona kubatsira vanhu vese vari kushanda neDXM, asi inonyanya kufa zvakanyanya kune avo vane:

* Kurwadziwa kwepfungwa
* Kunzwa kusagadzikana
* Nguva dzekuora mwoyo
* Kushandiswa kwezvinodhaka

Ketamine inoshandiswa nemitambo yakasiyana-siyana, senge:

* Inokudziridza kushanda kwepfungwa
* Inobvisa kunyanya
* Inogadzirisa utano hwemwoyo

[Zvakakosha Kuziva]

* Ketamine inogona kuitawo zvimwe zviratidzo, saka zvakakosha kuziva zvese zvezvakaita uye zvekusavapo kwazvo usati watanga kushandisa.
* Usashandise ketamine kana uine utano hwepwere kana kuti wakap

- NAC (600–1800mg zuva rega rega, yakatorwa zvimwechewedzo, nekurudyi): inobvisa kusanzwisisana kweglutamate mu nucleus accumbens. Kudonha kweglutamate kunokonzerwa nekubviswa kwezvinopokana nemusoro weNMDA inogona kudzivirirwa nechinangwa cheNAC chekushandisa antiporter ye cystine-glutamate. Dzama kuishandisa zvino.
- Magnesium glycinate (400–600mg yeiyi, mangwanani nemusiya): inyeredzi yekudzivirira iyo NMDA, inoita kuti zvinhu zviite zvakanaka uye inobatsira kupfupa glutamate rekudonha.

- L-Theanine (200–400mg, sezvino zvakakoswa): inogadzirisa basa reNMDA panzvimbo ye glycine; inoderedza kushanda kwehunyanzvi uye kusagadzikana kwegumi remwedzi wekunonoka apo NMDA inoshanda.
- Glycine (3–5g, manheru): Inokumbotisa receptor uye inobatsira mukugadzirwa kwemaitiro akanaka panguva yekurara. Zvinoshamisa kuti, kubatsira zvimwe zviito zveNMDA kunobatsira system yeiyo receptor kuti ibudirire mushure mekushandiswa kwezvimwe zvitero kweinenge nguva dzakati-kati.
- Omega-3 DHA (2g kana yadarika zuva rega rega): inobatsira mamembrane emusoro uye inogadzirisa sarudzo yeNMDA, uye inoderedza kurutidzika kwemusoro.

4.4 — Kudzorora Serotonini

⚠ ONGORORWA KUITA 5-HTP MUDZISO MAMINANZI EMATATU NECHIMWE, ZVAKADARO KUSATI KWAPERA MASIKATI ANODARIKA 3-5 EKUBVA KUDHARA DXM. KUISHANDISA PAKANGOSVICHA KUCHENESA KUNOKONZHESESA RISIKI REKUITA SEROTONIN SYNDROME NEKUKANGANISWA KWEMWEDzo YEKUCHEKA SEROTONIN INOITWA NEMEDICATION YE-DXM, PAMWE NETSESE YAKAZARA YEKUCHEREKA SEROTONIN. ZVINOKOSHA KUTEVERA CHIZIVISO CHINODZIYIROWERA CHIRI MUGUIDE YE-KETAMINE.

- 5-HTP (50–100mg, manheru - panguva yekupfuura masikati e3–5): chinhidzwa cheserotonini chinobatsira mukugadzirisa zvinhu zvinonakidzwa neDXM. Usashandise pamwechete nemishonga yemitambo yeSSRI, SNRI, kana MAOI.
- L-Tryptophan (500–1000mg, manheru, kureva kuti usati wadyi zvimwe zvinonakidza): sarudzo panzvimbo ye 5-HTP — chinhu chinobva pachisikwa chinoshanda pakugadzira serotonin, chinotanga kushanda zvishoma. Shandisa imwe chete yemhando dziri dzekuti iyi.
- Inositol (gramu 4–8, yakatora): kusimbisa kushandiswa kwezvirimwa zvekushanya; kushungurudza mwoyo; inonyanya kufara kune utsinye hwekurwisana nezvakawanda zvinoita kuti vanhu vashandise DXM.
- EPA-dominant omega-3 (2–4g zuva rega rega): inobatsira kuparadza kurutidzika uye kunobatsira mweya, zvakakosha pakudzorerwa kwecholamuro cheserotonini.

4.5 — Kudzorora Matambudziko Akonzwa Nezvakawanda Zvekushandisa kweDXM.

Kushandiswa kweDXM kazhinji kana kwenguva refu, pachinzira chechitatu uye rechina, kunogona kuita zviratidzo zvakaenzana neHPPD — rudzi urwu rwezvikanganiso zvekuona zvakanyorwawo pakushandiswa kweketamine uye

zvekufunganya. Muchererero unoshandisa shoko rekuti HPPD pachinzira chekushandiswa kwezvinhu zvinokonzera kufunganya; nzira dzeDXM dzekubata NMDA ne sigma-1 dzinoita kuti iwedzere mune iyi kambani yengozi yeHPPD.

- Kugumisa zvachose kushandiswa kweDXM: Ma receptor eNMDA nemaractor e sigma-1 haigone kudzoreredza huwandu uye kunyatsoshanda kana achiri kuiswa nezvakawanda. Iyi ndiyo chinhu chinodiwa kuti zviite.
- Kushandiswa kwechirimwa chinonzi cannabis: Kunoratidzika kuti zvinhu zvinogona kuwanda, zvakafanana nezvakaratidza nezvekushandiswa kwezvimwe zvirimwa zvinokonzera kushungurudzika, uye izvi zvinonyanya kuitika kunyanzvi dzinobatanidzwa neDXM. Cannabis ndiyo inenge yakanyatsoonekwa sechinangwa chinonyadzisa zvinhu.
- Protocole yekutarisira HPPD inoshandiswa kubva muSection 4 yeghaidhi reLSD: zvinhu zvinobatsira neuron uye dzinogadzirisa oxidation (EGCG, alpha-lipoic acid, NAC, vitamin C, DHA), kuita kuti ropa rive rakakodzera, kudzora kushunguruka, uye kushandiswa kweSSRIs chete (izvo zvinogona kuzadza zvinhu zvekuona).
- Kana matambudziko ekutarisa akaperera uye anokanganisa hupenyu kwemwedzi mitatu kana kupfuura, uye iwe watanga wadzamisa kushandiswa kwechizungu, zvakakosha kuti utarise chiremba wehutano hwemwoyo uye wepfungwa. Clonazepam (kwekanguva pfupi) ne lamotrigine vane zvikumbiro zvekubatsira vanhu vane HPPD.

4.6 — Kurapa kweZvikonzerwo Zviri Pazasi.

THE CENTURION — DXM yaivei chinhu chekugadzirisa. Kugadziriswa kunoda kuwana chikonzero chenyaya.

Chidombo cheC-37 (Kushandiswa Kwechinhu Chekudzivirira Zvinhu) zvebhuku iri rinoenderana zvakananga pano: 'chero nzvimbo yekudya kana chinhu chinodiwa, inzwi, uye chiri mumwe wezvinodiwa kuti zvikonzerwe.' Nekushandiswa kweDXM, inzwi inowanzonyorondedza:

- Depresi: inenge iri chinhu chinokonzera zvakawanda, kunyanya kune vechidiki uye vanhu vakuru vepakutanga. Sarudza kuti uone kana une MTHFR (kurwadziwa kweMTHFR-variant depression kuri pachena uye kunogona kurapwa ne5-MTHF pasina kuunganidzwa kwemishonga inonzi SSRI). Kana kurwadziwa kwekunetseka kusvikira mwedzi mitanhatu mushure mekuti madhakamisa, ita onyei wekurapa. Mishonga inonzi SSRI inogona kushandiswa asi zvinofanirwa kuunganidzwa zvizere uye usazvichengeta pamwe chete nemishonga inonzi DXM.
- ADHD: Kushandiswa kweDXM kazhinji inhuwadzano neADHD isina kuonekwa. Kuyererwa kweADHD kunofanira kuitika munguva yekudzoka zvakare. Kurapa kwemhando isiri ye"stimulant" (atomoxetine, guanfacine, viloxazine) inzira yakakodzera kwamunhu ane matambudziko ekushandisa "stimulants" pamwe chete neDXM. Kurapa kweADHD uchishandisa "stimulants" kunoda kufungidzira zvakanyatsogadzikana nezviri nani uye

zvakaipa, uye inofanirwa kuitwa nemunhu ane ruzivo rwekurapa zvinoreva kushandiswa kwezvimiro.

- Kurwadziro yekutya kwevanhu: Mhedzisiro yeDXM pane sigma-1 uye serotonergic inounza runyararo uye kunyatsa kwekutya, zvinhu zvinonyanya kushandira vanhu vane kurwadziro yakanyanya yekutya kwevanhu. Buspirone (risina kuita kuti munhu ave nemugadziri), CBT, uye kurapwa kwakazvimiririra kweSSRI (pashure pekumhara DXM zvachose) kunobata chikonzero chekurwadziro.
- Kukanganiswa uye PTSD: Mhedzisiro yekusanzwa yeDXM inobatsira pakurapa matambudziko ekukanganiswa - zvinoita sehutano hweketamine mukubvisa zvaanenge azvitaura mumakore akapfuura. Shandisa EMDR, CPT, kana mamwe marongero ekurapa anozivikanwa nekukanganiswa, pamwe neiyo nzira yekudzoka kunyasha.

4.7 — Kudzorora Zvekare

- Magnesium glycinate (400mg yeiyi, manheru): Inogadzirisa basa reNMDA uye inobatsira GABA.
- Glycine (3–5g, 30 maminiti pamberi pekudya): inokonzera kudzikira tembericha yemuropa uye inovimbisa basa remushonga weNMDA.
- L-Theanine (200mg, masikati): kusimbisa magwavhu ealpha uye kushandura basa reNMDA.
- Melatonin (0.5–1mg pasi pamuromo, nguva yakanaka): chiratidzo chemaawa ekupfuura kwezuva inogona kubatsira kunyenganyedza kufa kwemwoyo kana uchida kudzokorora.
- 5-HTP (50mg, manheru, mushure kwezuva rechitatu kusvika rechishanu): inobatsira pakutsinhana serotonin ne-melatonin, zvinoita kuti urambe wakorara zvakanaka.

Chinyorwa chemutsetse wepaunenge wemimhanzi inogona kukonzera kufara kana kusavhunduka, inoshandiswa pakurara: mimhanzi yakazvimiririra, mimhanzi yakaderera, uye mabhinau bati e-theta (4–8 Hz); huwandu husingaenzaniswi; ushandise zvinhu zvinenge zvakanyanya kushanduka.

Chinyorwa chakakosha nezve DXM: usaite mimhanzi inobva munzvimbo yaungangodaro kushandisa chinhu ichi - kuyeukiswa kwekunzwa kunogona kuita kuti ufuridzwe uye ukwanise kukonzera kutoda.

4.8 — Bhejiro rePeptide.

Pepataidhi.	Kana zvakakosha here nekuda kwekurapwa kweDXM?	Nguva.	Notes

BPC-157	Kugadzirisa basa remushonga weNMDA; kusimbisa zvinhu zvinoshanda zve dopamine ne serotonin; kugadzirisa hukama pakati pemuviri uye mwoyo; kugadzirisa masaisai emupari (inoshanda kune zvikanganiso zvinobva pakudyidza acetaminophen).	Musiwa 1 uye mberi - zuva nezuva.	BPC-157 inogona kushandiswa kumamiriro akawanda uye inomira matanho anotevera ekubudirira mukurapa: (NMDA, serotonin, uye ini). Zvakanyorwa nezvekugadzirisa zvinhu zvemwoyo dzinonyanya kufungidzira mumamiriro apo acetaminophen yakashandiswa. Kuva nemutsetse unoshandiswa nomuromo kunobatsira uye kunenge nyore kushandisa.
Selank	Inzvimbo inobvisa kunyanyadza nekushandisa GABA ne serotonin; haisi chinhu chinonyadzisa; inogona kubatsira kunyanyadza kwakanga kuchiita kushandiswa kweDXM uye (b) kunyanyadza kweiyo NMDA panokanganiswa kushandiswa.	Mavhiki 1-8 sezvinodiwa.	Nekuderera kushandisa DXM nekuda kwekunyanya, Selank inounza rubatsiro risina kunetsa kuita kuti uve nechinokonzera serotonin, uye inobatsira pakudzorerwa kwemamirwo ako. Inoshandiswa nemudziyo wepamusoro.
Semax	Kudzidzisa kweBDNF; kusimbiswa kwemaitiro ekufunga; kusungirira kwe dopamine - Kushongedzwa kweNMDA neDXM uye maitiro eADHD zvose anokonza basa remusoro, asi kugadziriswa kunoitwa neBDNF kunobvisa iwo matambudziko.	Vhiki rechipiri uye zvinoenderera mberi.	Kushanduka kwekunzeva kwemamiriro ekubudirira kubva paDXM - kusaita zvakanaka, kushata pakutsvaga mashoko, kuita zviito nekukurumidza - inoratidza kushoma kunyatsodziya mune frontal cortex nekuda kwekudzivirirwa kweNMDA uye kana ADHD iripo. Semax inovandudza BDNF, zvinozobatsira makondi ese ari pamusoro. Inoiswa nemutsvairo.

Sezheni re5 - Kushungurudzwa neDXM - Kunzwisisa uye Kudzorera.

THE CENTURION — Kushanduka Kunogona Kuitwa Maminitsi Mashanu PaChitoro Chero Kupi — Dhizaini Yemubvunzo WeZvikuru Zvinotengeswa.

DXM (dextromethorphan) inoda kuita kuti munhu afunge nezvayo nekuda kwezvikonzerwo zvakawanda, uye izvi zvinenge zvichitika nekukurumidza kupfuura zvemamwe mhando ezvinhu. Kana munhu akatanga kufunga nezvekudya DXM, nguva yekuti aende anotenga inenge pfupi kudarika yacho yemamwe mhando ezvinhu.

* Kufamba kwekutsvakurira:
    * Kuita kuti munhu afunge nezveopioids kunoda kuti ave nechokwadi chekuti anogona kuwana zvinhu zvaanoda.
    * Kuita kuti munhu afunge nezvemishonga inonyadza kunoda kuti ave nemunhu anogona kumutengera kana kuti aive nechokwadi chekuti anogona kuwana zvinhu zvaanoda.
    * Kufamba kwekutsvakurira: Kuita kuti munhu afunge nezveDXM kunoreva kungava pedyo nechitoro chemishonga uye ave nemari $8.

Nguva yekudzisa kufunga kwekunonoka inofanirwa kushanda munguva pfupi dzekupfuura 10 maminiti pakati pekufamba kwekutsvakurira nekutanga kuenda kuchitoro chemishonga.

DXM craving trigger map.

Trigger	Mamhepo akazvimiririra.	Kuderera.
Kupfuura pamusoro pechitoro kana pekushambira, uchida zvinhu zvekurapa uturu uye kurwara.	Chikonzero chakajairwa zvakanyanya uye chakakosha pakurapa zvikomba. Kunenge kwakadaro, kuva pedyo nemhando dzemishonga inokonzera kufema kwezvinodiwa usati watanga kunyatsofunga nezvazvo.	Mitemo mune dzimwe nzira dzinogona kushandiswa pakareba kwekurapwa, dzinodzivirira kuenda kumitambo yemitsetse. Kana pasina imwe nzira: ita chikonzero chekuti usade kupinda mumusuwo wezvirwere zvekurwadza mwoyo uye kurutidzika panguva yekupinda mutambo. Kana zvichidikanwa, nyora munhu waunotendera kuti akuitirei apo uchienda kumitambo yemitsetse munguva yekareba kwekurapwa. "Mutemo we10 maminiti": kana uine chido chakakura, mira kwemaminitsi gumi usati watonga nezano rekutenga

		chinhu.
Kunzwa kunyanya.	Kunonzi kunokonzera kushandiswa kweDXM ndiyo inzira yepamhandu yekukwevera. Kana mufaro uchidonha pasi pezvinodiwa, – kazhinji munguva ye"NMDA rebound" uye munguva yekutanga yekuchovha apo serotonin ichidikanidzwa – ubhiri hwemunhu hunobva funga kuti chinhu chinonyatsopa kufara ndicho chigadziriro.	Chirevo rekuderedza kunonetsa kunofanira kushanda uye kuchokwadi: 5-MTHF, kurovedza muviri, kupfeka zvakanaka kwechiedza, kubatana nevamwe vanhu, uye angave nemaitiro ekurapa. Kushungurudzika kunoratidza kuti kunonetsa kunetsa kunoita kunonetsa. Chigadzirwa chemwedzi uye maitiro ekuyamura anomirira kunonetsa kunetsa zvakananga, izvo inogumisa kuwanda kwezvinangwa pakubva kwazvo.
Kuzvisirira - kuva wega pasina chinhu chinokukudzisa.	Kushandisa DXM kazhinji akazvimirira. Kuzvipira nemamiriro ekusina chinhu chinoshanda kunetsa zvikuru - mwoyo wakadzidza kuti mamiriro akadaro angoita pamberi pekushandiswa kweDXM. Kusavapo kwemufaro uye kusagadzikana ndezvimwe zvinhu zvinokonzera kushandiswa kweDXM.	Mushandiriro ndiyo nzira huru yekubvisa zvinhu zvinokanganisa nhamo. Bhuku iri, muBhuru 05 rekudzorerwa kubva kuDXM, inonyanya kushandira kupfupa nguva yaisadaidzwa nekuiswa kweDXM. Kurapa kweADHD - kana ADHD isina kurapwa uye ichikonzera kusavenge zvakanyanya - ndiyo nzira yekubvisa dambudziko pachayo.
Kukonzwa kutya, kunyanya kutya kwevanhu.	DXM, nekushandiswa kwake kwezvinangwa zvimwechetezvo, yakapa kunyarara uye kubatsira pakunyarara. Kuzadzika kwekunyara mune zviitiko zvepakati pevhu — kazhinji kuvarume nevakadzi vane nyaya yekunyarara - inokonzera kuda kweDXM sezvinhu zvakanga zviri nyore panguva iyoyo.	4-7-8 kufema pakarepo. Shandisa Selank kana uchishandisa peptides. Kurapa kushungurudzika (buspirone, CBT, SSRI pashure pekumhara DXM zvachose). Kushungurudzika ndiyo chiratidzo - chengeta kushungurudzika, ushandise chete kuita kuti ufeme chido.
Mubatanidzwa wepaIndaneti / zvikonzera.	DXM inayo mhuka inogara ichishandiswa paInternet, umo vanhu vanoshambidza zviito zvavo uye kunyora nezvezvavanoita. Kushandisa izvi zvekunyarwa — kunyangwe uchida kungonzwisisisa — kunogona kukonzera kutsvaira nekuda kwezviratidzwa nemashoko aunozviziva.	Protocol 05 inosanganisa nharaunda yedhijitari: makirasi akazvimiririra ekutarisana neDXM, maforumi, uye zvinhu zvinogadzirwa. Funga nezvekudzivirisa kuita izvi kwenguva pfupi panguva yekurapwa pakutanga. Kusavheneka kunowanzoitika; kushandiswa kwezvinhu izvo kunongedza musimboti wekuda.

DXM CRAVING INTERRUPT – MUTUNGAMIRE WEMITATU (MUKATI MENGUVA YEMAMINITI GUMI).

1. STOPA NZIRA. Kana uchifamba achienda kuchitoro kana kuimba yekutengesa zvinhu: mirira pachinzvimbo. Stopa. Usade kufamba achienda kunacho. Mutemo we10 maminiti: sarudzo yokuuya nezvinhu inofanirwa kuitwa anenge 10 maminiti mushure mekuti uchida chinhu. Iri ndiyo nguva iyo protocol inoshanda mukatiayo.
2. KUDZIDZA KUBATA MUFU—MAKHOMO ANENGE APANENDA. Kushungurudzwa kwezvinodhaka kunogona kuuya nekukurumira nekuda kwekuti zvinodhaka zviri pedyo. "Vagal brake" ndiyo nzira yekubvisa kushungurudza inenge nyore uye inoshanda. Dzidzai makwikwisi mashanu uchi derera kana uchifamba.
3. EDZA NAC uye magnesium (kana uchida, nyora kuti edza zvimwe nguva). Zvinodhaka izvi zvinobatsira nekuti dzinobatanidzwa nemhando yekuda inonzi NMDA uye glutamate. Kuda kwezvinodhaka kunogona kuve nechikonzero chemakemikari; ndangoshandisa zvinodhaka kuti tibatise zvinhu izvi.
4. Zvinoreva here kuti: Kunonzi sei zvinhu zvaanenge achinzwa? Kusagadzikana? Kushungurudzika? Kuzvitambanudza/kusavapo kwemari? ADHD? Zvinhu zvaanenge achinzwa ndizvo zvinoratidza chikonzero chekuda. Kunonzi zvinhu izvozvo kunobatsira kuti ubate nyaya chaiye, uye usati watanga kuita chinhu chakanyanya.
5. CHENJERAI NZIRA YENYU KANA NHANHO DZEKUYENDERA. Kana chikonzero chakanga chikubata kwamuri padyo nepharmacy, shandisai imwe nzira. Musadukire mugedhi remba. Kuchinja nhanho dzekuyendera kunobatsira zvakanyanya pakurapa matambudziko anobva pakuvapo kwezvinodhaka zvinotengeswa pasina mvumo (OTC).
6. TAIRA. Tumira nechipo chaunoda rubatsiro. Zvitauro zvaanetsa kuti nei wakanyanya kuda. Kushandiswa kwezvidonge zvine hutano munzvimbo yekuzvimiririra kunenge kune ngozi, nekuti nguva yose yekushandisa - kusuruwa, kutenga, kushandisa - inogona kuita pachake uye isisimbise. Kutaurirana kunobvisa kuzvimiririra.
7. Kubva muSection 6: NSDR, kudzoka, kuita mabasa akakosha, kufara nemusikana. Kushungurudzika kunenge kuda chinhu - ita imwe nzira yekuwana chinja chiri padyo.

Sezheni re6 -- Kusarudza Kushandiswa Kwemishonga: Kuumba Nzira Dzinobudirira Zvekutarisisa Zvaiita Nyika paDXM.

THE CENTURION — Pepa reCenturian modhiro C-28 yakashandiswa kuDXM — Kuseko Kwanga Kuri Inowanikwa Kubvira Pakutanga.

Profile yemarapi emhando dzakasiyana dzeDXM yakapa zvinhu zvinopesana kune vanhu vakasiyana-siyana. Dhizaini yekudzorerwa inobvumira kuenderera nekugadzirisa kuti iendese basa rakatarwa:

- Kune vanoda kuwana kunyara kwekunonoka uye kuvhunduka: bhuku remutsetse weketamine rinopa nzira yakanaka – meditation yekudzikisa DMN, NSDR/yoga nidra yekukunda zvinhu zvinofanana nekunyara kwekunonoka, kufema kweholotropic kwekuziva nyika dzemamiriro ekunze asiri emakemikari.
- Kune nzira dzinogona kubatsira kushandisa MDMA zvine hungwariso, dzakadai:

  * Kubata vanhu zvakanaka uye kuvaka hukama hunozvishandura, kuti uwedzere oxytocin uye serotonin.
  * Kuita mabasa ekufamba-famba kuti uve nechokwadi chekuroorwa kweendaorphini uye kushanda kwesezve serotonin.
  * Kuvapo mumagungano.
- Kune vanofarira kufunda nezve kuziva, bhuku reLSD rinopa nzira yekufunga zvakanyanya, inosanganisira:

  * Nzira yakarurama neyakajekwa yekuongorora zvinangwa zvisiri zvazvo.
  * Mudzidziso wekuti ungaderera sei mumamiriro akasiyana-siyana.
  * Chipamwe chevanhu vanogara pamwe, vanodzidzisa uye vanobatsirana pakufunda.
- Kune nzira dzekubatsira zvinangwa zveADHD: mishonga isingawanzo kusimbisa mwoyo, maitiro ekuyemura, nharau yakagadzirwa, uye "compendium's dopamine architecture". Kuwana basa rinogona kupa kufunga kwakanyatsovei uye kunogara: mimhanzi, marwano, kuita programming, kana zvimwe zvinodiwa.

Architecture yemamiriro ezvinhu eakaitwa neStates DXM.

Chii chakapihwa neDXM?	Mugadziri wechidiki.	Maitiro ekushandisa.	Kana uchida kubudirira mukugadzirisa kushandiswa kweDXM, zvakakosha kuti uwedzere ruzivo rwako nezve zvinobatsira.

			*** **Recovery Kernel:** Iyi inzvimbo inogona kukubatsira. * **Naloxone:** Kana uchida, ona kana iwe unoda Naloxone. * **COMT, DRD2, MTHFR:** Zvinokosha kuti uve nechokwadi chekuti zvinhu zvemuenzi zvaunenge uchiita zvinobatsira. * **Blueprint:** Shandisa "Blueprint" yepamusoro. * **findahelpline.com:** Ungagona kuwana rubatsiro pamwe nekuunganidza ruzivo kuburikidzwa ne *findahelpline.com*.**
Kuderera kwekunyanya — kuderedza basa reDMN, kuchenesa murira.	Meditationsi (mizvarwa); NSDR; kufema kweholotropiki.	Kuzorora kwezuva nezuva - nguva pfupi zhinji dzekamaminiti makumi maviri. Dharma Recovery (Protocol 04). NSDR: mamineti 20-30 zuva nezuva, uchidengenyeka, achitambanudza simba remoyo. Hofa yekufema yeHolotropic nemushoni.	DXM inobatsira mumamiriro ekushungurudzwa kweNMDA, zvakafanana nezvaanoita ketamine, uye izvo zvinogona kuitwa nekuyemura kwekunyarara. Munhu anoshandisa DXM anenge aenda kumamiriro akadaro. Kuyemura kunobvumira munhu kuti ave nechokwadi chekudzoka, uye hazvidiki mari kana kukonzera kushanduka kwemoyo.
Kudzoka kwehunhu hwakanaka uye kunzwa kwetsitsi (sigma-1 + SERT).	Kufamba; kukurudzira hukama hwakanaka nevanhu; kunyemwerera; mimhanzi.	Kurokwazika kwezuva nezuva. Nguva dzekufamba dzakagadziridzwa nemunhu anovimbiswa. Kuseka uye kuitira zvinhu zvinofadza. Kuzwisa mimhanzi yakanaka zvine ruzha rwepamusoro.	Zvikamu zvekuderedza uye zvezerine mumiro iriyo inokonzera kuti DXM ibatsire mweya inogona kuwanikwa kuburikidzo yenzira yemwoyo uye yeendorphin dzemamiriro akanyanya. Zvinhu izvi zvinotora nguva ndezvekukura, asi zvinoita kuti mufaro uwedzere, kwete kudzikiswa.
Kukunda kushungurudzwa kwevamwe.	CBT yekuoma kwezviito; buspirone; kufunda kubva kumamiriro akaita; mhuri.	Chirongwa chekushandisa maitiro ekudzidzisa manejimenti emamirai (MBSR, mapuranga eCBT, kurapa kwega). Kushandiswa kwekufamba kwezviito zvekubata	Kunyatswa kwekunyarara uye kunakidzwa kwainyatsoitika neDXM, nekuda kwezviito zvazvo zvesigma-1 uye serotonergic, zvinogona kuwanikwa kuburikidza nemamiriro ezvinhu awo-wacho emuviri, nekudzidzisa. Dzidziso iyi inosanganisira kushandiswa kwenzvimbo dzezvemagari,

		vanhu – kutanga nemamirongero madiki uye akachengeteka. Buspirone (inorambwa, isina kushandiswa).	zvakanyanya kunyatsogadzikana uye zvinonyadzisa. Iyi nzira yakaderera kupfuura kuva nechinhu mukanwa, uye inzvo rako remangwanani.
Kufunga nezvekuziva.	Maitiro ekufunga zvakadzika; matanki ekuyangarara; kufema kwehunyanzvi; kuchena kwemudhutiro.	Chirongwa chimwe chekufunga zvakadzika chinodzidziswa uye chinoshandiswa nguva dzose. Kusangana kwezuva rimwe remwedzi mumatombo ekunyura mvura. Kufema kweHolotropic kazhinji. Kurangarira zuva nezuva, achienda kureba rekunyarara zvakadzika.	DXM inoratidza mhedzisiro yakawanda, iyo inoita kuti vanhu vasanzwe zvinhu zvakasiyana-siyana, senge kusavapo kwezvinhu uye kufara kwepfungwa. Mazuva ano, vane ruzivo runoreva kuti vanogona kuwana izvi nenzira dzinogadzirisa matambudziko anowanikwa neDXM, senge kushungurudzika kwechiedza chemwoyo.
Kuongorora matambudziko e-ADHD - kusunga simba uye kudzikisa murira.	Kurapa kweADHD (manyerere + manejero); kudzoka mushepo; nzvimbo yakagadzirid zwa; kuitawo.	Kutaridzo yepamutemo yeADHD uye kurapwa kwakakodzera, kunogona kuva kwekusimbisa kana kuti kusiri kwekusimbisa. Kunyatsvitsa mwoyo nemishonga inenge yakafanira (30-45 maminiti zuva rega rega), izvi ndezvekuti zvine hutano hunonyanya kushandiswa pakurapa zviratidzo zveADHD pasina kushandisa mishonga. Kurongeka uye nzvimbo dzinofanirwa kuve dzakagadziridzwa.	Kana DXM ichishandiswa kunyanya kuitira kusunungura zvinangwa zveADHD, kugadzirisa ADHD kunobvisa chinhu chinonyudza kushandiswa kweDXM. Iyi ndiyo nzira nyore uye inowanzopfuurwa mukugadziriswa kubva pakushandiswa kweDXM. Kugadzirisa ADHD pamwe nekuyerera kwemutano we dopamine kunounza kutarisa, chinhu chaDXM yaiva ichipa, asi nenzira ine hutano.

Dhizira remutemo rekudzorerwa rakagadzirirwa vana vekuduku.

THE CENTURION - Munhu akawana DXM paanenge ane makore mashanu-neshandira, anochinja kubva kumunhu akawana heroin paanenge ane makore makumi matatu.

DXM inowanikwa zvikuru nevarume nevakadzi vechidiki uye vanhu vakuru. Dhizaini yekudzorerana yevanhu venguva iri inozivikanisa zvimwe zvinodiwa, izvo midziyo yekudzorerana yevarume nevakadzi vakuru haisati yabata.

- Kugadzirisa utano: Kugadziriswa kwechiporofadzo kunoitika pamwe nekushanduka kwakakosha kwekutanga kuita kuti mumwe azeve chinhu chakazvimirira. Munhu anogadzirisa utano haasi kuzvitsinhara kune chinzvimbo chaive nacho asati atorwa nemishonga – angave asina kugadziridzwa zvizvo kare. Kugadziriswa kunonyanya kuva kuvaka chinhu chakazvimirira, uye izvi zvinogona kuita wekutanga.
- Muchadziro weimba: Kune vechidiki nevakatete vanogara nemhuri, muchadziro wemhuri ndicho chikomba chekuvhuka. Vamwe vese vemhuri vanonzwisisa zvaDXM - uye vanoziva kuti haisi "chekunyoresa kunonyangadza" chete - vanogona kupa rubatsiro runobudirira. Kurapa kweimba kazhinji kuri zvakakosha.
- Muchapupu zvekufunga dzinogona kuita kuti kufamba kwepfungwa kunge kusina musimboti, zvakakosha pakareba kwekutarisira kweDXM, dzimwe nguva kana ADHD isisvitsurirwe. Zvinokanganisawo zvikuru kugadzirira uye kushanda zvakanaka kuchikoro. Mitemo yekudzidzisa, sevhisi dzekubatsira neADHD, uye kubatana kwevarimi nevakaratidza vanogona kuita basa rekubatsira pakareba.
- Hukama hwevanhu: Hukama anogadzirwa nemariro inoshandiswa nevanhu vanenge vachishandisa DXM anoda kugadziriswa zvakafanana nezvimwe zvinokonzera hukama pakati pevashandisi. Kuwana vanhu vasina kushandisa izvi, asi vanogara pamwe nemi mumaraira ezvido, senge sport, hunyanzvi, mapato ekudzidza, kana makomuniti emamiriro, ndiyo nzira huru yekubatsira vana vechidiki kuti vakwanise kuvandudza upenyu hwavo.
- Kukura zvinhu nekukurudzira: Vana vekudiki vamwe vanoshandisa DXM vakatanga kushandisa chinhu ichi kuti vasvike kuva nechinzvimbo chekunyatsombonzwa uye kusiyana-siyana kwehunhu (kusvika, kuziva iye ani, kutambudzika mumba, zvakanyanya nezvekubuda hupenyu) izvo vanga vasina nzira dzekuzvidya nayo. Kuponeswa kunoreva kuita kuti vanhu ava vakwanise kushandisa nzira idzi - kuburikidza nekurapa, kufunga zvizere, uye kuvaka mhuri chaiye.

Sezheni 7 -- Kushanda neRecovery Kernel: Mhepo Yenyanga Yenyu.

Zvinoreva chikamu chemwimbi, kana kuti nguva yakatarwa.	Mitemo.	Chikafu chepamusoro.	DXM-yakakoshesheswa.
Onogororo uye Onogororo Zvekucheng etedza (Mazuva 0-7).	Chiremba; bvunzo remuviri; Rubatsiro 0 rebhuku iri.	Onguva yekuongorora kushandiswa kwemishonga, kunyanya acetaminophen; kupfura kweNAC; nguva yekutanga yeHPPD; kuongorora zvirwere zvepakare.	Kana painenge pasina acetaminophen mumuviri, zvinofanira kuitwa kuti: NAC zvinoenderano uye kuongorora kushanda kwechipfuva mwedzi wekutanga. Iyi ndiyo chete nzira yekubudirira yekurapa yacho inogumisa kupenya kwemakemikari nekukurukuri kufanana nezvinhu zvinoderedza hutano mumabhuku akawanda. Zvose zvimwe zvinogona kuongororwa zvine nguva, asi kuongorora kushanda kwechipfuva hakusi chinhu chinofanira kuitirwa nekukurukuri kudaro.
Nhoroondo Yemazuva (Mazuva 1-14)	Protocol 07, Protocol 09, Protocol 17	NAC (NMDA + ini), magnesium, 5-MTHF, zvinhu zvinobatsira kufa, L-theanine, glycine.	NAC mazuva ekutanga - inobatsira zvinhu zviviri (kusimbisa homeostasis yeNMDA glutamate uye kubatsira inipe). Magnesium mazuva ekutanga. 5-MTHF mazuva ekutanga. 5-HTP: dzidzire kusvika mazuva anotevera 3-5 apo wapedza kushandisa DXM kuti unge usabvike nechikanganiso cheserotonin nekuda kwekunonoka kwebhairi reSERT. Kurapwa kwekurara kwatanga pakarepo.
Mapepa Emaginetiki (Zvichembere 1-4)	CYP2D6 yekutsvagisa; SLC6A4; COMT; MTHFR; DRD4/DAT1.	CYP2D6 metabolic phenotype; maererano ekufamba nemaginetiki eADHD; system ye-serotonin; methylation.	CYP2D6 ndiyo bvunzo yegeni yakakosha zvikuru mukurapa kweDXM - inobatsira kuziva kuti nei zvakaitika sezvaakaita uye inopa ruzivo nezvekuchengetedza kana uchitora mishonga mune ramangwana. Zviratidzo zvegeni zveADHD (DRD4, DAT1) zvinoratidza kana kufunga nezvekutarisa ADHD kunofanira kuve chinhu chinonyanya kushungurudzwa here.
Kurapa	Psikiyatri;	Kuuraya	Iyi ndiyo nzira huru yekudzoka

kwezvineti zvinokonzera zvimwe zvirwere (mavhiki 2-12).	chiremba chakugadziri sa ADHD; CBT; Ibhuku re4.6.	kwekurwadziwa nemweya; kuona uye kutarisira zvirwere zveADHD; kuuraya kushungurudzika kwevamwe; basa rekubatsira vanhu vakaurayiwa kana zvichidikanwa.	kuupenyu hwakanaka kwevaya vanenge vanga vachidaidzwa neDXM. Ichi chinhu chaive chiri kushandiswa kuti chisimbise zvinhu zvinonetsa. Kuona uye kuchinja dambudziko iri nekubatsirwa kwemanoita, kunobvisa chikonzero chekushandisa izvi. Pasina iyi nzira, kudzoka kuupenyu hwakanaka kunenge kufa nehope isingazadzise.
Kutungamiri ra HPPD (mwedzi 1-8 kana iri).	Sangano re4.5 remubvunjo iri; chiremba kana zvakaipa.	Mari yekubvisa kushandiswa kwechamanga; zvinhu zvinobatsira pakudzivirira oxidation; kurapwa kwemirofu; kuita kuti uve neruregerero.	DXM-inobva HPPD inenge yakaderera kupfuura HPPD inobva kumidzimu, asi inotevera maitiro ekutarisira akaenzana. Mamwe mashoma ezviitiko anogadzirisa mumwedzi shomanana kusvika mwedzi mishoma mushure kwekudzima kushandiswa kwezvidiki. Kudzimisa kushandiswa kwechibharagano ndicho chinhu chinonyanya kukosha.
Architecture Yekirasi Yakuyenda Zvisina Kumanikidz wa (Mwedzi 1-6)	Protocol 04 (kurangarira), Protocol 03 (kurovedza muviri), Isefu 6 yeiyo bhuku iri.	Kuzorora kwezuva neiyo nzira yekudzoka kunzwa zvakanaka; kurovedza muviri zvinoreva kuvandudza mupfungu; kupfeka; iyo dhizaini chaiye inoshandiswa kuti ienderane nemaitiro eDXM.	Dhizira yemitambo inofanirwa kuiswa zvakaitwa kuti ienderane nechinhu chaDXM yaive ichiita. Kudzoka kunopesa: kutarisa + NSDR. Kubudirira mufaro: kurima + kubatana. Kunyarara nevanhu: CBT + kufunda. Kutevera zvaunoda kana uine ADHD: Kurapa kweADHD + kurima. Chengetai dhizira yemitambo kuti ienderane nezita rayo.
Kuzvitonga uye Nhano Yenguva Refu (Mwedzi 3+).	Protocol 20, Protocol 21, C-28; chidziviriro chechitendero kana zvakakodzera.	Ane anoreva ani, pasinei zvinhu zvinoshanda mumuviri wake; hupenyu hwemunhu anogona kuita apo masisitimu emiviri akadzorora.	Kune vamwe vechidiki nevamiriri vevekuvhara DXM: iyi inogona kunge iri nzira yekuvaka utano hwemoyo, kwete kukanda zvinhu zvakanga asina. Hunhu hwekufunga zvizvo, kufamba nemagadziriro, uye kuvimba nevanhu — izvi hazvisi zvinosimbisa DXM. Izvi ndicho chinhu chaive achida kuzvifambira, asi ainge akangodaro kutarisana nazvo.

Section 8 - Mamiriro Ekarefu: Dambudziko Risina Kuonekwa.

Kusiyiwa kweDXM kazhinji kwakaenzana nekurapwa kuchikliniki nekuda kwekuti: hakuna zviri kuitwa kuti zviite kunyengedzwa, hazvinzi zvine hukuru, uye inowanzoitwa nevarume nevakadzi vechidiki vanenge vasiri vadzidzi vakakosha zvekurapa kwezvinhu zvinotyisa. Hakuna kurapwa kwakakosha kweDXM. Hapana mirairo yekliniki yakazara nezvekusiyiwa kweDXM. Vazhinji vemishonga vane kudzidziswa kadiki nezvekusiyiwa kweDXM kunze kwezvemwana wehutano hwekunonoka.

Chirevo chinoita kune vanoda rubatsiro: anguva imwe, inogona kuve zvakakosha kuti uratidzwe kuziva kwemunhu wekudokotera nezvekukwirira kwezvinhu zvaunenge uine. Bhuku iri rinobata Protocol 13 (Kutaura neDokotera) uye rinonyanya kushandiswa mune iyi nyaya.

8.1 — Mitemo Ekarenda Muchikwereti kweDXM.

- Kushanduka kwechipfuva: AST, ALT, bilirubin, uye GGT dzekuongorora chero nguva yaakange ashandiswa acetaminophen. Kuongororo yekutanga uye teerwere remwedzi mitatu. Kukwira zvishoma-shoma kwakaunganidzwa; kukwira zvakanyanya kunoda kuti aronge kuona muchigadziko chechipfuva.
- Kutarisa kweCYP2D6: Iyi ndiyo yechinyanganyo chakakosha chekutarisira mhedzisiro yekushandiswa kweDXM. Inopawo ruzivo nezvekuchengetedza kwemishonga yemariyo inoshandiswa mumamiriro akasiyana-siyana, kunyanya iyoyo inowanzwa zvinhu zvinobva kuCYP2D6.
- Kutarisa kweADHD: Kutarisira kufarirwa kwemano kana kuti kunyanzvi dzekurapa kana kusvikirwa kweADHD. Izvi zvinobatsira pakudzorerana uye zviriwo basa rekuchengetedza murwere, nekuti ADHD isina kurapwa inokonzera kudzoka kumamiriro ekare nehutano hwemishonga yakawanda.
- Kuderera kwekurwadza kwemwoyo uye kushungurudzika: Zvishandiso zvekutarisa PHQ-9 neGAD-7 zvinoita ongororo yekutanga. Kutumirwa kuna chiremba wepfungwa kana mutsito wepfungwa kuti azive zvakaitika uye agadzire nhanho dzekurapa.
- Onguva yeonguva yekutarisa kweHPPD: Kana zviratidzo zvekuona zvakaperera kwemwedzi we4 kana kupfuura apo chiremba akanzoramba kushandisa chinhu chakaita, inofanirwa kuve nechirema chekuongorora kuti tive nezvinhu zvinokanganisa mwoyo. Chiremba ane ruzivo nezvekushandiswa kweHPPD ndiye anofanira kupihwa basa rekutarisa.
- Ongororo yechimwoyo: kana zvigadzirwa zvinogona kushandiswa kupora utachiona uye zvine mishonga inobvisa mvura zvakashandiswa muchiedza chekuyedza, - ongororo yeECG uye yekudzvinya.

8.2 — Kuta Hurukano neChiremba.

Kana uchitsvaga rubatsiro rwehutano pakubudirira kubva paDXM, nzira yekutaura inokosha. "Ndinoda kunwa zvakawanda zvekunyora" kazhinji inoita kuti urambidzwe. Mururimi wekurapa unotevera unoshanda zvikuru mukukonzera mhinduro yakarurama:

Ndiri kushandisa dextromethorphan (DXM) zvisina kunaka, uye ndiri kushandisa dosages inogona kukonzera zvinhu zvakadai sekukanganiswa - mu range ye [X] mg panguva imwechete, [frequency]. Ndine matambudziko akadaro: [zviratidzo zvakakosha: NMDA rebound anxiety / serotonin system disruption / persistent visual phenomena / mood disorder]. Ndiri kushungurudzwa nezvekukonzwa kwehutsinye kune ini nekuda kwe acetaminophen uye ndinoda kuongororwa kuti liver yangu iri kunaka here. Ndinodawo kuita CYP2D6 testing kuti ndizive risk yangandiri nayo zvine chekuita ne genetics yangu. Uyezve, ndinotenda kuti pane matambudziko akawanda anogona kuitika pamwechete, senge ADHD/depression/anxiety, ayo ainge achikonzera kushandisa iyi chinhu uye anoda kurapwa zvakasiyana.

Iparadhi iyadzikisa kuita kuti zvaitwe zvinodiwa kuti mutengi abudirire.

8.3 — Mitemo Rekutengesa uye Zvinhu Zvekudzivirira Kusavapo Kwemhoswa.

- Kudzidzisa kwekutengesa DXM: Nyika dzakati wese dzinoda kuona kuti vanhu vane makore mashanu nemakumi maviri (18+) pavanotenga DXM. Imwe imwe yemabhakitireni akakura yakaisa matanho ekutevera vatengi vanotenga DXM. CVS Pharmacy inochengeta zvinhu zvinotengeswa zveDXM uye inoda kuti munhu aita ID. Zvakanyorwa pamusoro ndizvo zvinoita kuti zvive njodzi shoma - kuvanhu vachitambura, zvinogona kupa chinhu chinovharira kuti vasabatike.
- Kushandiswa kwezvo zvinobatsira kuti zvicheme zvine DXM: Bhhokisi reDXM raErowid (erowid.org/chemicals/dxm) ndiro rinoratidzika richina ruzivo rwese nezvekudzivirira ngozi. Mibvunzo yekuti "FAQ" yeDXM yakanyorwa naWilliam White inonyanya kushandiswa.
- SAMHSA's Treatment Locator (findtreatment.gov): while DXM is rarely listed as a primary substance, substance use disorder treatment for comorbid depression, ADHD, and anxiety is appropriately addressed through the standard treatment locator.
- Teen Line: 1-800-852-8336 (yekutiwa kune vechidiki chete) - rubatsiro kubva kumamwechedu akadzidziswa pakubata zvinhu zvinonetsa.
- Crisis Text Line: Tumira "HOME" ku 741741.

Mazano Ekupedzisira.

THE CENTURION — Diyiwe rinodzikisa kudhura rakakubatsira kuziva zvauchida.

DXM haisagona kuti iite zvaakaita kwamuri. Bayer yakayifungira kuti ishandiswe kupisa utsinye. Yakapinda mumano a vechidiki vakazvitambanudza vakaona kuti yakanyaradza chinhu chakakura kupfuura utsinye - inzwi remufungo wakaramba, simba rekurwadziro yekunzvimbo kana ADHD isina kurapwa, kunyanya kushungurudzika kwevamwe vanhu nekuda kwekunetseka, mibvunzo yezvinhu zvakapfuura zvaanenge aita mumakore ekukura asi asina nzira dzekuyanzwisisa.

Chinyorwa chepamusoro chinoratidza kuti: chikonzero chaicho chomufaro kana kushandiswa kwechinangwa chakajairika chemariinori chinoshandura zvinhu. Kushandiswa kweDXM kwaive nechiratidziko chakajeka mumamiriro ezvinhu akadai nekuti chiratidziko chainge chiri pachena. Kuoma kwemweya nekuda kwekuvhara kweNMDA, kufara nekuda kwekusimbisa kwesigma-1, uye kuzorora kwe serotonin kunoona kuti kushushikiswa kwevamwe vanhu kunogumiswa - izvi haizvo zvinhu zvinoreva chinhu. Izvi zvaive zvimiro zvekuti mariinori inobatsira matambudziko emamirwo emiviri ayo system yedenda yakanga isati yatova, kana kuti yakanga isati yabatsira zvakakwana.

Kusiyana kwezvaunogona kutenga pasina mvumo (OTC) kwakaita kuti DXM ive nyore kuwana, uye izvozvo zvakaita kuti matambudziko aive asisikidzwe pachinzvimbo. Haasi munhu anonyatsofunga nezvekushandisa syrup yekurapa kushungurudza inenge $8 zuva nezuva. Haasi munhu anoedza mumwana wepwere ari kutenga Robitussin kuti chii chakaita, kana kuti chii chinotaurwa kumba, kuchikoro, kana mupfungwa dzake. Chidiki ichi chakagadzirisa dambudziko pasina kuonekwa, uye dambudziko rakagara risina kuonekwa.

Recovery inongedzera nyaya. Kunyanya, depression - inenge ichi chinhu chenyama chaiwo, inongoitwa nemamiriro akasiyana-siyana anosanganisira kushoma kwezvinhu zvinonzi MTHFR, asi 5-MTHF inogona kubatsira apo SSRIs dzainge dzakangodaro. ADHD - iyo system yekutarisa inoshanda pane imwe frequency isina kunaka, uye kurapwa kwakaringana kunobatsira kuti munhu agone kuzvipinda, chinhu chaDXM yainge ichiita nekubvisa zvinhu zvinopedza basa rematombo. Kunyanya kushungurudzika - iyo system yemusoro inotya kusangana nevanhu, uye nzira dzekurapa dzakadai seCBT uye kuita zvakawanda kunobatsira kuti munhu abve nekutya, chinhu chainge chiri kupihwa nemishonga. Mibvunzo yekuziva - mibvunzo iyi inofanirwa kuitwa mumarudzi ekufunga akaita kare, asi DXM yainge ichipa nzira yakareba yekuona zvinhu izvi, asi neimwe nguva. yeNMDA rebound uye kutsviwa kwechipfuva.

Doro rekuoma rakuratidza chokwadi: mivairo yako yaida chinhu. Kuitika kwekunyatsorapwa kunoreva kuona kuti chinhu ichocho ndeipi - uye kugadzira mamamiriro ayo anobvumira muenzaniso wako wezvakawanda kuti uipe.

Murira wacho wakanyangarazve paunenge washandisa DXM. Kuitirwa kwekururama kunoreva kuti murira uyu wainge waitungamiririka kubvira pakutanga. Muviri wakanaka unogadzirirwa kuitirwa murira. Zvose zvaungaifanira ndeakawanda zvishandiso uye munhu anotora zvekunyengerwa nezvo kuti siripi yaanenge achitaura syrup yacho.

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DXM yekudzivirira kukuvara: erowid.org/chemicals/dxm | Teen Line: 1-800-852-8336 | Crisis Text: HOME ku 741741

Ona kutarisa bhuku rekuporesa, "Recovery Kernel Complete Centurion Compendium," kuti uwane mirairo yese inofanirwa kushandiswa.

Crisis: call or text 988 | Emergency: 911 | SAMHSA: 1-800-662-4357

⚠ CHIZVIMBO CHEKUDZIDZA KWEKUONA DZIMWE NZIRA DZEKUONESA - ISIRI KUCHENESA KWEMITANDIRO.

Saka herekuyera kubva kuDXM uchishandisa Recovery Kernel | Gurukota rekuongorora zvinhu zvinokonzera kushungurudzika.